

Case Number:	CM14-0015335		
Date Assigned:	02/28/2014	Date of Injury:	03/27/2011
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old female with a reported date of injury on 03/27/2011. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of right knee and right shoulder pain. The injured worker rated her pain at 4/10. The injured worker's right shoulder range of motion demonstrated flexion to 180 degrees, abduction to 180 degrees, and internal and external rotation to 90 degrees. The injured worker was positive for bursitis and had a positive impingement sign. The injured worker's right knee range of motion was represented at 130 degrees, positive crepitus, and positive patellar instability. The injured worker's diagnoses included right knee patellar bursitis, right shoulder bursitis and impingement, and right shoulder moderate rotator cuff tendinitis with impingement and degenerative joint disease. The injured worker's medication regimen included tramadol. The Request for Authorization of Lidopro ointment (capsaicin 0.0325%/Lidocaine 4.5%/menthol 10%/methyl salicylate 27.5%) 4 oz was submitted on 01/31/2014. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LIDOPRO OINTMENT (CAPSAICIN 0.0325%/ LIDOCAINE 4.5%/MENTHOL 10%/ METHYL SALICYLATE 27.5%), 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, SALICYLATE TOPICAL Page(s): 105 & 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended as an option; although largely experimental in use with a few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is only recommended as an option for injured workers who have not responded to or are intolerant of other treatments. Capsaicin in a 0.025% formulation is recommended. There have been no studies of 0.0325% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further effectiveness. In addition, Lidocaine has been recommended for localized peripheral pain after there has been evidence of trialed first line therapy. Topical Lidocaine in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine is recommended for neuropathic pain. Furthermore, salicylate topicals are recommended by the California MTUS Guidelines. According to the California MTUS Guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The request stated Lidopro contains capsaicin 0.0325% and Lidocaine which are not recommended by the guidelines. The injured worker did not have objective clinical findings of neuropathic pain. In addition, the request as submitted failed to provide frequency and specific site for the lidopro ointment to be utilized. Therefore, the request for Lidopro ointment (capsaicin 0.0325%/Lidocaine 4.5%/menthol 10%/methyl salicylate 27.5%) 4 ounces is not medically necessary and appropriate.