

Case Number:	CM14-0111176		
Date Assigned:	08/13/2014	Date of Injury:	02/26/2007
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation 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 52-year-old male who sustained an industrial injury on February 26, 2007. The injured worker carries diagnoses of chronic low back pain, lumbar spinal stenosis, lumbar disc herniation, and lumbar radiculopathy as verified by electrodiagnostic study on April 16, 2007. The disputed request is for a topical compounded medication. A utilization review determination had denied this request specifying that the "medical records do not establish that the patient is intolerant to oral medications or has a history of gastritis." The reviewer further noted that oral medications are considered first-line.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121GM (capsaicin, lidocaine, menthol, and methyl salicylate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 112-113 specific the following regarding topical Lidocaine: "Indication: Neuropathic pain Recommended for

localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The guidelines further specify that if one drug or drug class of a topical formulation is not recommended, the entire formulation is then not recommended. Since the topical lidocaine is not approved in the cream/gel form, this request is not medically necessary.