

Case Number:	CM14-0111217		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2013
Decision Date:	12/30/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 47-year-old female with a reported date of injury on 10/28/2013. The mechanism of injury was not noted in the records. The diagnoses included lumbar/joint/ligament sprain/strain and thoracic sprain/strain. The past treatments included pain medication, physical therapy and pool therapy. There were no relevant diagnostic studies submitted for review in the records. There was no relevant surgical history documented in the notes. The subjective complaints on 06/12/2014 included constant low back pain that is worse with activity and occasionally radiates to bilateral lower extremity. The physical examination noted that the patient currently has a swollen neck and skin is clean, dry and intact. The medications included Norco, naproxen, Tramadol, Cyclobenzaprine, Omeprazole and LidoPro cream. The treatment plan was to continue and refill the medications. A request was received for LidoPro cream 121 g retro 06/12/2014. The rationale for the request was to decrease pain and inflammation. The Request for Authorization form was not noted in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121gm RETRO 06/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Topical analgesics Page(s): 111-112.

Decision rationale: The request for LidoPro cream 121gm RETRO 06/12/14 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro cream contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. In regard to Capsaicin, the California Medical Treatment Utilization Schedule (MTUS) Guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The proposed cream contains a 0.0375% formulation of Capsaicin which is not supported. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm brand patches. Therefore, as the requested topical compound contains non-approved formulation of lidocaine, and 0.0375% Capsaicin, which are not supported by the guidelines, the compound is also not supported. Additionally, the dose, quantity, and frequency for the proposed medication were not provided. As such the request is not medically necessary.