

Case Number:	CM14-0112637		
Date Assigned:	09/16/2014	Date of Injury:	11/07/2007
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Nephrology 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:

This is a case of a 45-year-old female who has filed a claim for ulnar impaction of the left wrist associated with an industrial injury date of 11/07/2007. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient has intermittent left wrist pain throughout the day, mild in nature, exacerbated by working, movement, and activity. It is also increased with still motion such as holding a phone for a few minutes. She denies spasm, numbness or tingling. She also denies depression or any sleep issue. Her grip is affected. Physical examination shows satisfactory ranges of motion of the wrist, with mild tenderness along the ulnar column. Her grip is stable. Treatment to date has included medications, TENS, wrist splint and ice/warm packs. Medications taken includes Terocin patches and LidoPro lotion (earliest documented use 12/06/13). Utilization review dated 07/08/2014 denied the request for LidoPro lotion because all the medications in the compound are not recommended by guidelines. There is no indication of neuropathic pain or the use of first line medications prior to use of topical lidocaine per guidelines. Capsaicin is not recommended for long term use and it can be obtained OTC. Methyl salicylate can also be obtained OTC.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Lidocaine Page(s): 28 - 29 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro lotion contains capsaicin 0.0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. CA MTUS states that topical salicylate is significantly better than placebo in chronic pain as. CA MTUS does not cite specific provisions regarding menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. It is not recommended for non-neuropathic pain. Moreover, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion and terocin patches to allow the patient to be functional. However, there was no documented prior use of oral medications that would warrant the use of a topical analgesics. Moreso, CA MTUS states that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine, and capsaicin 0.0325% formulation are not recommended for topical use. There is no discussion addressing the need to deviate from these guidelines. The clinical indication for the use of this compounded topical analgesic has not been established. Additionally, the request failed to specify the number to be dispensed. Therefore, the request for LidoPro lotion is not medically necessary.