

Case Number:	CM14-0116755		
Date Assigned:	08/04/2014	Date of Injury:	03/04/2013
Decision Date:	09/23/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Illinois. 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 44-year-old male, who reported an injury on 03/04/2013. The mechanism of injury was not provided. On 07/14/2014, the injured worker presented with complaints of pain in his right elbow. On examination of the cervical spine, there is tenderness to palpation to the posterior cervical spinal musculature, trapezius, medial scapular, and suboccipital region. There were multiple trigger points and taut bands palpated throughout. The examination of the right elbow revealed tenderness at the lateral aspect of the elbow and extensor tendon. The diagnoses were lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, cervical herniated nucleus pulposus with right upper extremity radicular symptoms, thoracic myoligamentous injury, right elbow lateral epicondylitis, and medication induced gastritis. Prior therapy included topical analgesics, Norco, and Prilosec. The provider recommended LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopo (27.5 methyl salicylate/0.0325% capsaicin/10% menthol/ 4.5% lidocaine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note capsaicin is indicated for injured workers who are unresponsive to or intolerant of other medications. Additionally, lidocaine is only recommended in topical application in the formulation of Lidoderm. Other formulation of topical lidocaine is not recommended. There is lack of documentation the injured worker is unresponsive to or intolerant of other medications, to warrant capsaicin. Additionally, the guidelines recommend lidocaine in the formulation of Lidoderm as the only approved topical formulation. There is lack of documentation that the injured worker failed a trial of an antidepressant or an anticonvulsant. The provider's request does not indicate the site that the medication is indicated for or the frequency, in the request as submitted. As such, the request is not medically necessary and appropriate.