

Case Number:	CM14-0123735		
Date Assigned:	08/08/2014	Date of Injury:	08/26/2010
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Nevada. 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 records, presented for review, indicate that this 59-year-old male was reportedly injured on August 26, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of elbow pain. The physical examination demonstrated the skin of the elbow to be clear, dry, with no evidence of infection. A decrease in elbow range of motion was reported. Overall, there was no change in the physical examination. Diagnostic imaging studies were not presented for review. Electrodiagnostic studies reported a right ulnar neuropathy. Previous treatment included fracture management, multiple medications and pain management interventions. A request had been made for Lidopro ointment and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". When noting the injury sustained, it was a fracture of the radial head. The date of injury was 14 years ago, and that there has not been any clinical change in the terms of the physical examination, increase in functionality or decrease in symptomatology. There was no clear clinical indication presented that this medication is demonstrating any efficacy whatsoever. As such, the medical necessity is not apparent.