

Case Number:	CM14-0022479		
Date Assigned:	05/09/2014	Date of Injury:	09/27/2004
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Practice and is licensed to practice in Tennessee, California and 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 60 year old female injured on 09/27/04 due to undisclosed mechanism of injury. The injured worker underwent left knee surgery in 2004. Current diagnoses included ankle sprain, knee sprain/strain, chronic pain, and myofascial pain. Clinical note dated 12/04/13 indicated the injured worker reported continued knee pain left greater than right status post surgery on the left knee. The injured worker rated her pain at 5/10. The injured worker previously reported topical ointments were very helpful for managing her pain. The injured worker did not take medications orally due to stomach issues. There were no significant changes since previous visits. The injured worker used TENS unit regularly for pain management. Objective clinical findings included tenderness to palpation, positive mild crepitus in knees, decreased right knee range of motion, no edema, and no erythema. Initial request for compound medication: LidoPro ointment (Capsaicin, Lidocaine, Menthol, Methyl Salicylate) was initially non-certified on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: LIDOPRO OINTMENT(CAPSAICIN, LIDOCAINE, MENTHOL, METHYL SALICYLATE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidopro is noted to contain Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Compound Medication: Lidopro Ointment (Capsaicin, Lidocaine, Menthol, Methyl Salicylate) cannot be recommended as medically necessary.