MAXIMUS Federal Services

Case Number:	CM14-0035430		
Date Assigned:	06/23/2014	Date of Injury:	09/23/2005
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 09/23/2005. The mechanism of injury was not provided. The prior treatments included electrical stimulation and a home exercise program and medications. Additionally, it was indicated the injured worker had utilized topical creams in the past. The documentation of 01/24/2014 revealed the injured worker had a shoulder sprain/strain, pain in the wrist joints, lumbar degenerative disc disease, bilateral carpal tunnel syndrome in the right wrist, hypertension, mild gastritis, cervical DDD and sacroiliac strain. The treatment plan included medications, TENS patches and a trial of Lidoderm cream. The documentation of 03/12/2014 in appeal revealed no new information regarding the use of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm x 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anti convulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation to support a necessity for a 2 month without re-evaluation. Given the above, the request for LidoPro cream is not medically necessary.