

Case Number:	CM14-0040029		
Date Assigned:	04/09/2014	Date of Injury:	10/02/2006
Decision Date:	05/07/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/01/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 50-year-old male who was injured on October 2, 2006. The patient continued to experience low back pain and bilateral shoulder pain. Physical examination was notable for decreased range of motion of the lumbar spine, positive facet loading at left L4-5 and L5-S1, positive muscle spasms, in bilateral paravertebral musculature, and positive left straight leg raise. MRI of the lumbar spine dated December 28, 2011 reported no focal protrusion or stenosis present, mild disc degeneration L2-3 and L5-S1, and mild facet arthropathy. MRI of the left shoulder dated May 19, 2011 suggested a full rotator cuff tear. Diagnoses included facet arthropathy of the lumbar spine, spondylothesis at L5-S1 with bilateral pars fractures, left shoulder rotator cuff tear, and left shoulder subacromial bursitis. Treatment included surgical intervention to the left shoulder, medications, and home exercise. Request for authorization for LidoPro 4 oz. was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO 4 OZ #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: LidoPro ointment is a compounded topical medication containing lidocaine, capsaicin, menthol, and methyl salicylate. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. The patient does not suffer from post herpetic neuralgia. The medication is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. There is no documentation in the medical record that the patient cannot tolerate other treatments. The medication is not recommended. Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. The lack of evidence does not allow determination of efficacy or safety. It is not recommended. This medication contains drugs that are not recommended. Its use is, therefore, not recommended.