

Case Number:	CM14-0045175		
Date Assigned:	07/02/2014	Date of Injury:	10/30/2008
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine and is licensed to practice in California. 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 57-year-old male who has submitted a claim for cervical spine/strain, thoracic sprain/strain, lumbar sprain/strain, bilateral knee intraarticular injury, bilateral shoulder injury, pain disorder associated with psychological factors, associated with an industrial injury date of October 30, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/13/2014, showed neck, mid back, low back, bilateral knee, right wrist, and right shoulder pain. The patient also complained of GI issues such as massive abdominal pains. Physical examination revealed tenderness along the knee. Knee extension was satisfactory and flexion was 90 degrees. Weakness to resisted function was noted. Treatment to date has included TENS and medications such as Lidopro cream prescribed January 2014 and Effexor since 2009. Utilization review from 04/02/2014 denied the requests for the purchase of Lidopro cream 4 oz (between 03/11/2014 and 03/11/2014) and Lidopro cream 4 oz (between 03/11/2014 and 05/23/2014) because evidence-based guidelines stated that when at least one drug was not recommended in a compounded product, it was not recommended. The request for Effexor SR 75 mg, #60 (between 03/11/2014 and 03/11/2014) was denied with reason not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 4oz (between 3/11/2014 and 3/11/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Salicylate Topical Capsaicin Topical Page(s): 111-113, 105, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro topical ointment contains Capsaicin in 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been prescribed Lidopro since January 2014. However, certain component of this compound, i.e., Lidocaine is not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro Cream 4 oz between 03/11/2014 and 03/11/2014 is not medically necessary.

Lidopro cream 4oz (between 3/11/2014 and 5/23/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topical, Capsaicin topical Page(s): 111-113, 105, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been prescribed Lidopro since January 2014. However, certain component of this compound, i.e., Lidocaine is not recommended for topical use. The guidelines state that any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro Cream 4 oz between 03/11/2014 and 05/23/2014 is not medically necessary.

Effexor Sr 75mg #60 (between 3/11/2014 and 5/23/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

Decision rationale: According to page 123 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Venlafaxine (Effexor) is FDA-approved for the treatment of depression. In this case, patient has been on this medication since 2009 with improvement in his mood. The patient had a diagnosis of depression and it was indicated that he had seen a psychiatrist for his depression. The medical necessity was established. Therefore, the request for Effexor SR 75 mg, #60 between 03/11/2014 and 05/23/2014 is medically necessary.