

Case Number:	CM14-0054085		
Date Assigned:	07/07/2014	Date of Injury:	03/05/2012
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This is a 41-year-old male with a 3/5/12 date of injury. The patient sustained a work-related injury with a history of developing pain from repetitive motion of cleaning converters. According to a progress report dated 3/5/14, the patient came in for a follow-up of his lateral epicondylar debridement and removal of foreign body. Objective findings: wounds are well-appearing, no evidence of infection, neurovascularly intact, full extension which he has not had in years. Diagnostic impression: lateral epicondylitis. Treatment to date: medication management, activity modification, TENS (Transcutaneous Electric Nerve Stimulation) unit, physical therapy. A UR decision dated 4/10/14 denied the request for LidoPro ointment. The clinical information provided does not establish the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate) ointment (duration unknown and frequency unknown): 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 Page(s): 25,28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical cream/ointment/lotion formulation is not recommended due to the risk of systemic toxicity. A specific rationale identifying why LidoPro ointment is required in this patient despite lack of guideline support was not provided. In addition, the duration and frequency of medication use was unknown. Therefore, the request for Lidopro (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate) ointment (duration unknown and frequency unknown) is not medically necessary and appropriate.