

Case Number:	CM14-0061498		
Date Assigned:	07/09/2014	Date of Injury:	01/04/2005
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 65-year-old male who has submitted a claim for Discogenic Lumbar Condition, Thoracic Sprain, Internal Derangement of the Left Knee, Left Humeral Fracture, and Right Shoulder Strain associated with an industrial injury date of January 4, 2005. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain shooting down the left leg. He also complained of frequent spasm in the lower back, as well as frequent numbness and tingling. On physical examination, lumbar spine range of motion was limited. Treatment to date has included physical therapy, hot and cold wrap, TENS unit, and medications, including LidoPro lotion 4 oz for topical use for pain (since at least October 2013). Utilization review from April 8, 2014 denied the request for TR194401 Medication - Topical Lidoderm Lotion, 4 oz Qty: 1 because Topical Lidocaine is not supported by guidelines; and TR194601 Medication - Topical LidoPro Lotion, 4 oz dispensed on 3/25/2014 Qty: 1 because Capsaicin 0.0325% is not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TR194401 Medication - Topical Lidoderm Lotion, 4 oz Qty: 1: 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 Lidocaine Page(s): 112.

Decision rationale: According to page 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. However, no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In this case, the records did not reflect the duration of use of Lidoderm lotion. Furthermore, a rationale was not provided as to why Lidoderm lotion was prescribed, despite not being recommended by guidelines. There is no clear indication for the use of Lidoderm lotion. Therefore, the request for TR194401 Medication - Topical Lidoderm Lotion, 4 oz Qty: 1 is not medically necessary.

TR194601 Medication - Topical LidoPro Lotion, 4 oz dispensed on 3/25/2014 Qty: 1:
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 Salicylate Topicals; Topical Analgesics Page(s): 105;111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Salicylate Topicals.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control but there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is also not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. LidoPro is composed of Methyl Salicylate, Capsaicin, Lidocaine, and Menthol. Regarding Methyl Salicylate, page 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that Topical Salicylate is recommended and is significantly better than placebo in chronic pain. Regarding Capsaicin, CA MTUS Chronic Pain Medical Treatment Guidelines states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding Lidocaine, however, CA MTUS Chronic Pain Medical Treatment Guidelines states that topical formulations of Lidocaine (creams, lotions, or gels) are not indicated for neuropathic pain. Regarding Menthol, CA MTUS does not specifically address this issue. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Topical Menthol may in rare instances cause serious burns. Since Lidocaine is not recommended, the compounded product LidoPro is also not recommended. In this case, LidoPro lotion was being prescribed since at least October 2013 (10 months to date). However, there was no documentation of functional gains with its use. There was also no rationale provided as to why this compounded product was prescribed despite not being recommended by guidelines. Therefore, the request for TR194601 Medication - Topical LidoPro Lotion, 4 oz dispensed on 3/25/2014 Qty: 1 is not medically necessary.

