

Case Number:	CM14-0064829		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2012
Decision Date:	08/27/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 California and Washington. 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 38-year-old male who reported an injury on 10/20/2012. The mechanism of injury was not provided. On 03/22/2014 the injured worker presented with left wrist and right side of facial pain. Upon examination there was tenderness to palpation of the left wrist and flexion and extension were actively 40-50%. There was also tenderness to palpation to the face and lower mandibular area and thoracic paraspinal musculature. Diagnoses were closed fracture face with other bones, pain/thoracic spine and depression. Current medications included Omeprazole, Tramadol, Lidopro ointment and TENS patch. The provider recommended a retrospective request for Lidopro between 04/19/2014 and 04/19/2014, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of LidoPro 121gm between 4/19/2014 and 4/19/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with 2 randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product containing at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin recommended only as an option for injured workers who are not responsive or intolerant to other treatments. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy (tricyclic or SNRI antidepressant 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 does recommend treatment with topical salicylates. Lidopro is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. In this case, there is lack of documentation that the injured worker is intolerant to or unresponsive to other medications to warrant the need for capsaicin. Additionally, there has been no evidence of a trial of a 1st line therapy to indicate lidoderm for topical application. The provided request does not indicate the dose, frequency, quantity, or site that the Lidopro is intended for the request as submitted. As such, the request for retrospective request for 1 prescription of LidoPro 121 gm dispensed on 4/19/2014 is not medically necessary and appropriate.