MAXIMUS Federal Services

Case Number:	CM14-0085244		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 11/13/2013 due to a motor vehicle accident. On 03/13/2014, the injured worker presented with complaints of cervical spine, thoracic spine, lumbar spine, right shoulder, right wrist, and right hand pain. Upon examination, there was tenderness to palpation along the right trapezial muscle. There was tenderness to palpation over the lumbar paravertebral muscles bilaterally. There was evidence of a bilateral straight leg raise, 5/5 motor strength in the lower extremities, and 2+/4 reflexes. There was diminished sensation to light touch in the L5 nerve root distribution in the lower extremities. The diagnoses were lumbar spine radiculopathy, right shoulder internal derangement, status post right forearm surgery, insomnia, and idiopathic peripheral autonomic neuropathy. Prior therapy included medications. A current medication list was not provided. The provider recommended Xolido cream 2%. 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:

Xolindo Cream 2%: 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): 111.

Decision rationale: The request for Xolindo Cream 2% is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine the efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note that topical lidocaine is recommended in the formulation of Lidoderm. Lidoderm is the only FDA approved topical formulation of lidocaine. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, or local anesthetics. There is little to no research to support the use of many of these agents. There is a lack of documentation that the injured worker had failed a trial of an anticonvulsant or antidepressant. Additionally, the only FDA approved topical formulation of lidocaine is Lidoderm. The provider's request does not indicate the dose, frequency, or quantity of the cream, or the site that it is indicated for in the request as submitted. As such, the request is not medically necessary.