

Case Number:	CM14-0166768		
Date Assigned:	10/14/2014	Date of Injury:	08/11/2011
Decision Date:	01/02/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/09/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 41-year old male who sustained an industrial injury on 08/11/11. His diagnoses were right elbow lateral epicondylitis and right index trigger finger. His treatment included physical therapy, TENS unit, topical analgesics and Tramadol. During the visit on 04/04/14, he was noted not to be working. He had a constant 9/10 pain and he used Tramadol or Voltaren gel. Objective findings included right elbow extension to 155 degrees and flexion to 150 degrees. His diagnoses were right index finger trigger finger status post three cortisone injections with no relief, right lateral epicondylitis status post one steroid injection and the use of lateral epicondylitis counterforce brace and physical therapy all with minimal improvement and right medial epicondylitis. The pain was 9/10. He used Tramadol and Voltaren gel. He also used Gabapentin. The request was for topical Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cmpd. LidoPro Ointment 121gms: 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): 112-113.

Decision rationale: Lidopro ointment has topical Capsaicin, Menthol, Methyl salicylate and topical lidocaine in an ointment formulation. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine in any other form other than Lidoderm patch is not commercially approved for neuropathic pain. Since the compounded ointment has at least one ingredient that is not approved, the entire compound is not medically necessary.