

Case Number:	CM14-0193575		
Date Assigned:	12/01/2014	Date of Injury:	12/09/2013
Decision Date:	02/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 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:

On 12/9/13 the patient injured his mid and lower back and his right elbow and right forearm. He was seen by his MD on 10/17/14 and noted to have aching mid back pain radiating to his ribs, pain in the low back radiating to his right leg, constant right elbow pain radiating into his forearm. His pain caused problems with his ADL's and sleep hygiene. He presented with a past history of gastritis. Exam showed no pain on palpation and resisted movement of his right elbow, tenderness to palpation of his lumbar paravertebral muscles and localized muscle spasm of the quadratus lumborum muscle. Straight leg raise test was noted to be positive on the right. Also, x-rays were reviewed. Diagnoses were thoracic and lumbar spine strain and right tennis elbow. The MD proposed treatment with chiropractic care, functional capacity evaluation, Naprosyn, and a tennis elbow brace. The UR rejected request for Cyclo-kato-lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-kato-lido cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,112-113.

Decision rationale: Topical analgesic medicines are largely experimental and there are few randomized controlled studies to determine their efficacy or safety. They are primarily used for neuropathic pain when first line anticonvulsants and antidepressants have not been efficacious. They are applied locally to the painful area and lack systemic toxicity, do not present with drug interactions, and do not need to have their dose titrated. Many different medicines are utilized, including such medicines as NSAID preparations, lidocaine, and capsaicin. Many of these preparations have not been proven to be beneficial in alleviating symptoms when applied topically. Also, these medicines are compounded together in preparations to be applied topically. The provider must be aware of the functioning of all the components and if one of the medicines is not recommended the entire compound cannot be recommended. Topical lidocaine is also used for neuropathic pain but the MTUS states that further research is needed to recommend this for chronic pain other than for treatment of herpes neuralgia. Only one study has been done analyzing its use in chronic muscle pain and the results showed it no more superior than placebo. Lidocaine is also noted to be used for localized peripheral pain but only after first line meds such as tri-cyclics, SNRI's such as Cymbalta or meds such as Neurontin or Lyrica have been attempted. The MTUS also noted that there could be risk of systemic absorption and side effects and that this would be dependent upon such things as application of a large amount over a large area, application left on for a long time period, or the use of occlusive dressings. In conclusion, topical lidocaine's efficacy in chronic pain treatment is not convincing. In the above patient, we note that he has chronic muscle pain and not neuropathic pain. His MD proposed adequate treatment of his problems without requesting the topical application on 10/17/14. Considering these facts as well as the above cited evidence the UR was justified in its denial of the compounded topical medicine, Cyclo-kato-lido cream.