MAXIMUS Federal Services

Case Number:	CM14-0195441		
Date Assigned:	12/03/2014	Date of Injury:	10/05/2009
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 50 year-old male, who was injured on October 5, 2009, while performing regular work duties. The mechanism of injury is from the injured worker getting struck in the head by a forklift, causing pain in the shoulders. The injured worker is noted in the records to not be working and is receiving Social Security Disability. Multiple imaging reports have been provided for this review. The records indicate the injured worker is currently on the following medications: Gabapentin, Chalopram, Atenolol, Amitriptyline, Bupropion, Valium, Temazepam, Pulmicort inhaler, Methocarbamol, and Morphine Sulfate IR. An evaluation on August 19, 2014, indicates the injured worker reporting that the Morphine Sulfate IR does not work well for the pain, and felt that Hydrocodone from a previous prescription works better. The physical examination on that date reveals tenderness of the neck, and lumbar, restriction of range of motion of the cervical spine, lumbar spine, left knee, and left shoulder due to pain. The records do not support that oral pain medications have not been tolerated, or how LidoPro Ointment is beneficial to this injured worker. The request for authorization is for LidoPro ointment, quantity #121 grams. The primary diagnosis is internal derangement of knee. On October 24, 2014, Utilization Review non-certified the request for LidoPro ointment, quantity #121 grams, based on MTUS, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro ointment 121 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e

Decision rationale: Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro ointment is not medically necessary.