

Case Number:	CM14-0198044		
Date Assigned:	12/08/2014	Date of Injury:	11/29/2004
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship Trained in Foot & Ankle Surgery and is licensed to practice in Massachusetts. 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:

This 56-year-old woman sustained an industrial injury on 11/29/2004. The details regarding the mechanism of injury were not included. Treatment has included oral and topical medications, home TENS unit, and right knee and ankle surgeries. Per PR-2 from the primary treating physician on 08/04/2014, the injured worker had complaints of frequent elbow pain rated on the VAS of 8/10, constant knee pain rated on the VAS 7/10, and constant right ankle pain rated 8/10. The injured worker also indicated that she had no side effects towards the topical medications and that without her medications, her pain increased up to 9/10 on the VAS. The patient's treatment plan had included to receive authorization for use of a TENS unit; the patient was provided Terocin pain patches and topical analgesic creams and gels. The rationale for the request for Xolido 2% cream is due to pain and decrease in gastrointestinal events. The injured worker was provided with prescriptions for seven medications, three of which were clearly topical, for relief of symptoms with notation that the worker only uses topical medications due to gastrointestinal symptoms. These symptoms and ailments are well documented in physician review performed on 05/22/2014. However, there is little documentation of the injured worker's attempts at taking oral medications or description of symptoms that may follow. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2 Percent Cream #118 Milliliters: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112.

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

Decision rationale: The California MTUS Guidelines indicate that topical ointments, solutions, and creams are largely experimental in use with randomized controlled trials to determine efficacy or safety and are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. While the patient indicated that she has no side effects with using the cream, there are no indications or documentation of gastrointestinal upsets with oral medications as 1 of the active ingredients is lidocaine HCL 2%. Guidelines indicate that lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. Additionally, the request as written does not indicate frequency of use or area to be applied. As such, the request for Xolido 2% cream #118 mL is not medically necessary.