

Case Number:	CM14-0214308		
Date Assigned:	01/07/2015	Date of Injury:	12/13/1991
Decision Date:	04/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 87-year-old female who reported an injury on 12/13/1991. The mechanism of injury was not provided. She was diagnosed with lumbar disc displacement. Other therapies were noted to include medications and physical therapy. On 10/30/2014, the injured worker presented for a pain medicine follow up visit. She reported thoracic and low back pain. She rated her pain as 5/10 to 6/10 in intensity on average with medications and 8/10 to 10/10 without medications. The injured worker reported that use of current opioid, pain, and topical analgesic medication is helpful. She reported 60% improvement in areas of functional improvement. The injured worker reported Lyrica caused tremors. Upon physical examination of the lumbar spine, she was noted to have tenderness and decreased range of motion. Her current medications were not provided. The treatment plan included home care, a follow up appointment, and consideration of right SI injection. Additionally, the treatment plan included medications which included Flexeril and Xolido 2% cream, capsaicin cream, cyclobenzaprine, and Norco. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2% cream #118: 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): 111-112.

Decision rationale: The request for Xolido 2% cream #118 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker has been on the medication since at least 10/2014. The clinical documentation submitted for review does not provide evidence that the injured worker has tried and failed antidepressants. Xolido cream includes lidocaine. In regard to lidocaine, the guidelines state there are no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain other than the brand name Lidoderm patch. The proposed topical compound contains lidocaine. The injured worker did report neuropathic pain. However, there was no rationale why the injured worker would require topical medication versus oral medication. The frequency for the proposed medication was not provided. In the absence of this information, and as the request included lidocaine (which is not recommended), the proposed compounded product is not supported. As such, the request is not medically necessary.