

Case Number:	CM15-0102159		
Date Assigned:	06/04/2015	Date of Injury:	12/03/2009
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency Medicine

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 61 year old female sustained an industrial injury to the neck and low back on 12/3/09. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit, home exercise and medications. The injured worker was started on a trial of Lidopro ointment on 2/24/15 since she failed trial of first line neuropathic pain medications (Gabapentin and Topiramate) and Cymbalta had not been authorized. In a PR-2 dated 4/21/15, the injured worker complained of continuing neck pain with radiation to the left arm associated with numbness and low back pain with radiation to the right lower extremity. The injured worker found that the Lidopro ointment was very helpful for managing her pain and keeping her pain medication intake to a minimum. The injured worker reported that she had been feeling more neuropathic pain since Cymbalta had not been authorized. Physical exam was remarkable for tenderness to palpation to the cervical and lumbar paraspinal musculature. Current diagnoses included cervical spine degenerative disc disease, thoracic spine sprain/strain, lumbar spine discogenic syndrome, myofascial pain, low back pain and lumbosacral radiculitis. The treatment plan included continuing Lidopro ointment, refilling Diclofenac and Omeprazole, continuing home exercise and transcutaneous electrical nerve stimulator unit and requesting authorization for acupuncture due to persistent neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Cream: Upheld

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

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

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy except for an EMG report. Objective exam fails to support neuropathy. It is therefore not recommended. 3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain but pt is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. The prescription is also incomplete with no amount or dosage/concentration requested. Since this is an incomplete prescription and multiple drugs are not recommended, the combination medication, Lidopro is not medically necessary.