

Case Number:	CM15-0108923		
Date Assigned:	06/15/2015	Date of Injury:	07/17/2013
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 7/17/13. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar sprain/strain; thoracic sprain/strain; torn extensor tendon right lateral elbow. Treatment to date has included medications. Diagnostics included EMG/NCV study left lower extremity (11/20/14). Currently, the PR-2 notes dated 3/5/15 indicated the injured worker has constant 8/10 pain across the low back radiating to both legs. Also constant 2-7/10 pain right forearm, arm and elbow. It is noted the injured worker has an appointment with a spinal surgeon on 3/10/15 to evaluate the lumbar spine MRI. It is noted that Valium makes his too sleepy and feels calmer with Alprazolam 1/2mg 1-2 daily. An EMG/NCV study left lower extremity dated 11/20/14 noted the only abnormality was an absent left sural sensory distal latency. The findings did not demonstrate a left lumbar radiculopathy. PR-2 note dated 1/22/15 indicated the injured worker is a status post coronary bypass surgery from 2 weeks prior. The provider is requesting authorization of LidoPro 4fl oz. #121.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4fl oz. #121: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); topical analgesics Page(s): 57, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, LidoPro 4fl oz. #121 grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaisin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbar sprain strain; thoracic sprain strain; and torn common extensor tendon and right lateral elbow. Lidopro first appears in a progress note dated January 22, 2015. There was a stamp with the name of the drug the end of the record. There is no clinical indication or rationale for the topical analgesic. There is no documentation showing first-line treatment with antidepressants and anticonvulsants have failed. Capsaisin 0.0325% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaisin 0.0375% and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro cream 4fl oz. is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, LidoPro 4fl oz. #121 grams is not medically necessary.