

Case Number:	CM15-0133577		
Date Assigned:	07/21/2015	Date of Injury:	10/10/2012
Decision Date:	08/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 10/10/2012. The injured worker was diagnosed as having chronic pain syndrome and reflex sympathetic dystrophy of lower limb. Treatment to date has included right sided lumbar sympathetic block, physical therapy and medication management. In a progress note dated 5/15/2015, the injured worker complains of right foot pain rated 6/10. Physical examination showed painful right ankle range of motion and decreased light touch sensation over the right lateral foot. The treating physician is requesting Lidopro Ointment 4.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 4.5%: 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): 111-113.

Decision rationale: The injured worker sustained a work related injury on 10/10/2012. The medical records provided indicate the diagnosis of chronic pain syndrome and reflex sympathetic dystrophy of lower limb. Treatment to date has included right sided lumbar sympathetic block, physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Lidopro Ointment 4.5%. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol and methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Lidocaine and Caspaicin are not recommended as formulated, menthol is a non- recommended agent.