

Case Number:	CM15-0135922		
Date Assigned:	07/23/2015	Date of Injury:	07/24/2007
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 72 year old female who sustained a work related injury July 24, 2007. Past history included status post right foot Keller bunionectomy and 2nd hammertoe correction, May 8, 2015. According to a primary treating physician's progress report, dated June 2, 2015, the injured worker presented with complaints of pain and swelling to the right foot. She reports the symptoms are slowly decreasing with the strapping of her foot. Objective findings included; mild edema, no erythema, no drainage, right hallux and 2nd toe are well aligned, and mild pain with right hallux range of motion. Diagnoses are acute capsulitis; hallux abducto valgus; hammertoe; metatarsalgia. Treatment plan included; right foot bunion and 2nd toe were strapped to maintain position and instructed to apply splinting daily, custom orthotics were dispensed and found to conform well to her feet, referral for physical therapy for the right foot, and at issue, a request for authorization for Lidopro cream 4 oz. #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 4oz #2: 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, Salicylate topicals Page(s): 110-112, 104.

Decision rationale: Lidopro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines state that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Lidopro Cream 4oz #2 is not medically necessary and appropriate.