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| Case Number: | CM15-0147799 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 04/25/2014 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female with an industrial injury dated 04-25-2014. The injured worker's diagnoses include possible complex regional pain syndrome (CRPS) and peripheral neuralgia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-06-2015, the injured worker reported presented for evaluation of left upper extremity injury. The injured worker reported swelling, hypersensitivity, and left upper extremity pain. The injured worker rated pain a 6 to 8 out of 10. The injured worker reported sleepless nights due to pain. Objective findings revealed left hand edema and mottling of left hand. Physical exam also revealed hyperalgesia and allodynia in the dorsal and ulnar side of the left hand. The treatment plan consisted of continuing therapy, home stretching exercises, physical therapy, and nerve medications. The treating physician prescribed a retrospective request (DOS 7-6-2015) for Lidopro ointment quantity: 120.00, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 7/6/2015) for Lidopro ointment QTY: 120.00: 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): 111-113; 105.

Decision rationale: Retrospective request (DOS 7/6/2015) for Lidopro ointment QTY: 120.00 is not medically necessary per MTUS guidelines. Per the MTUS guidelines any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS states that there are no studies of topical Capsaicin that over a 0.025% formulation would provide any further efficacy. Furthermore the MTUS does not support topical lidocaine in ointment form for this patient's condition. The MTUS states that salicylate topical are significantly better than placebo in chronic pain. Menthol is an ingredient in Ben Gay which is a topical salicylate and supported by the MTUS. The documentation does not reveal extenuating factors which would necessitate this ointment which has components not supported for topical use by the MTUS. Therefore the request for Lidopro is not medically necessary.