

Case Number:	CM15-0187299		
Date Assigned:	09/29/2015	Date of Injury:	10/13/2007
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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 41 year old female who sustained an industrial injury on 10-13-2007. According to a progress report dated 08-28-2015, the injured worker continued to experience right shoulder, neck, mid back and right wrist pain intermittently. Medication helped with pain about 40-50%. She took her medications on an as needed basis which included Naproxen, Omeprazole and Cyclobenzaprine. "Stomach was better with Omeprazole". Without Omeprazole 20 mg, she could not tolerate non-steroidal anti-inflammatory drugs. She had been having chiropractic therapy that was helpful. TENS was "mildly" helpful. She had been wearing a lumbar brace as needed. Decreased range of motion in the right shoulder and back was noted. Tinel's and Phalen's were noted. Positive diffuse tenderness to palpation in the cervical paraspinal musculature was noted. Right hand and wrist was diffusely tender. Finkelstein test was positive. Diagnoses included thoracic sprain strain, thoracic DDS, carpal tunnel syndrome, right De Quervain, shoulder sprain strain, myofascial pain, cervical sprain strain neck, rotator cuff impingement and hypertension. The treatment plan included Naproxen, Omeprazole and Lidopro ointment and TENS patch, continuation of chiropractic therapy and home exercise program. She was working full time. An authorization request dated 08-28-2015 was submitted for review. The requested services included Lidopro cream 121 grams, TENS patch x 2 pairs, Naproxen and Omeprazole. On 09-09-2015, Utilization Review non-certified the request for Lidopro cream 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines, therefore, the request for Lidopro cream 121 grams is determined to not be medically necessary.