

Case Number:	CM15-0197350		
Date Assigned:	10/12/2015	Date of Injury:	01/20/2015
Decision Date:	11/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 49 year old male, who sustained an industrial injury on January 20, 2015, incurring right upper extremity injuries. He was diagnosed with a right triceps strain and right elbow joint pain. Treatment included physical therapy and home exercise program, pain management, anti-inflammatory drugs, proton pump inhibitor, neuropathic medications, topical analgesic ointment and work modifications with activity restrictions. Currently, the injured worker complained of persistent right elbow pain and numbness aggravated by right arm activity, lifting and bending the elbow. Right elbow x-rays done in January 2015 revealed degenerative changes. Magnetic Resonance Imaging of the right elbow performed on February 3, 2015 showed a joint effusion, tendinosis and a partial tear of the distal triceps tendon. Treatment included topical analgesic ointment to help with the numbness and pain. The treatment plan that was requested for authorization included prescription for Lidopro 4% ointment 121 gm #2. On September 30, 2015, a request for a prescription for Lidopro ointment was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% Ointment 121gm QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

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. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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 4% Ointment 121gm QTY: 2 is determined to not be medically necessary.