

Case Number:	CM15-0204116		
Date Assigned:	10/20/2015	Date of Injury:	01/29/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 1-29-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc herniation-rule out, and right distal fibular fracture, status post open reduction internal fixation. Subjective complaints (9-9-15) include right ankle pain and axial back pain made worse with sitting, standing and bending forward, (9-3-15) right ankle pain rated at 4 out of 10. Objective findings (9-9-15) include a normal gait, intact sensation to light touch and pinprick bilaterally to lower extremities, negative straight leg raise, no spasm or guarding, and a surgical scar with tenderness over the right ankle, (9-3-15) right ankle decreased plantar flexion compared to the left. Urine screening (6-25-15) was noted as negative for illicit substances. Work status was noted as currently not working and return to modified work 9-3-15 with restrictions. Previous treatment includes ice, stretching, Gabapentin, Hydrocodone-APAP, at least 16 sessions of physical therapy (with reported good benefit) and home exercise. A request for authorization is dated 9-3-15. The requested treatment of Lidopro 121ml dispensed quantity 1 was denied on 9-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121ml dispensed Qty 1: 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.

Decision rationale: The claimant sustained a work injury in January 2014 [REDACTED] [REDACTED] with injury to the right ankle, leg, and low back. She underwent ORIF of a right ankle fracture in February 2014 with hardware removal in June 2014. When seen, she had right ankle pain rated at 4/10. There had been good improvement with 16 sessions of physical therapy. Norco was providing temporary pain relief. Physical examination findings included an antalgic gait. There was decreased right ankle range of motion. Recommendations included a continued home exercise program. Norco was continued and Lidopro was prescribed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is not medically necessary.