

Case Number:	CM15-0204740		
Date Assigned:	10/21/2015	Date of Injury:	02/14/2014
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44 year old female with an industrial injury date of 12-31-2014. Medical record review indicates she is being treated for left elbow strain, left wrist strain, low back strain, cervical strain and muscle spasm. Subjective complaints (09-09-2015) included left elbow pain, left hand pain, neck pain and low back pain all rated as 10 out of 10. The rating does not indicate if it is with or without medications. Work status (09-09-2015) is documented as not to lift, pull or push greater than 10 pounds, no repetitive work at or above the level of the left shoulder and no repetitive grasping tasks with the left hand. Current (09-09-2015) medications included Gabapentin, Naproxen, Aspirin and Tramadol. Prior medications included Naproxen. Medical record review does not indicate the prior use of Lidopro. Prior treatments included chiropractic treatments and medications. Physical exam noted tenderness to palpation throughout the cervical and lumbar paravertebral musculature with limited range of motion. Left elbow was "diffusely" tender to palpation. Left hand exam noted tenderness to palpation in the first web space with slight tenderness to palpation at anatomic snuffbox. On 10-09-2015 the request for Lidopro Ointment was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. In fact, per the available medical record the IW is currently taking Gabapentin with good effect. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS recommends topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. MTUS states regarding topical Salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) Also the IW is currently taking oral aspirin which would not be indicated in conjunction with topical salicylates. As such, the request for lidopro ointment is deemed not medically necessary.