

Case Number:	CM15-0205214		
Date Assigned:	10/22/2015	Date of Injury:	06/03/2011
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, forearm, shoulder, and hand pain reportedly associated with an industrial injury of June 3, 2011. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve requests for Lidoderm patches and LidoPro ointment. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant was placed off of work, on total temporary disability. The applicant's medications included oxycodone, Prilosec, niacin, TriCor, Percocet, Soma, Desyrel, valsartan-hydrochlorothiazide, Viagra, diltiazem, Valium, and Lipitor, it was reported. The applicant was kept off of work. 10/10 multifocal pain complaints were reported. On July 6, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant's medications included oxycodone, Percocet, Soma, and Desyrel. On August 6, 2015, the applicant was, once again, placed off of work, on total temporary disability. The applicant's medication list included Percocet, Soma, oxycodone, Valium, Desyrel, the treating provider reported. On September 4, 2015, Lidoderm patches and LidoPro ointment were both prescribed while the applicant was kept off of work, on total temporary disability. The applicant was, once again, described as using a variety of oral pharmaceuticals to include Percocet, Soma, oxycodone, and Desyrel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #30: 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: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request is not medically necessary.

Lidopro 4.5 Percent Ointment #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): Capsaicin, topical. Decision based on Non-MTUS Citation DailyMed - Lidopro-capsaicin, lidocaine, menthol and dailymedqa.nlm.nih.gov/dailymed/4/drugInfo.cfm?setid=ef3f3597, FDA Guidances & Info; NLM SPL Resources. Download, Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment, Capsaicin 0.0325%.

Decision rationale: Similarly, the request for topical LidoPro was likewise not medically necessary, medically appropriate, or indicated here. Topical LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, i.e., the primary ingredient in the amalgam, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include Percocet, oxycodone, Desyrel, etc., effectively obviated the need for the capsaicin-containing LidoPro ointment in question. Therefore, the request is not medically necessary.