

Case Number:	CM15-0205617		
Date Assigned:	10/22/2015	Date of Injury:	06/18/2013
Decision Date:	12/04/2015	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: 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 36 year old male who sustained an industrial injury on 6-18-13. The medical records indicate that the injured worker was being treated for cervicalgia; cervical sprain; temporomandibular sprain. He currently (9-15-15) complains of neck pain with a pain level of 4-5 out of 10; "dealing with depression" since loss of Cymbalta. The 2-3-15 physical exam revealed painful and limited range of motion of the cervical spine, tenderness to palpation of the cervical spine; tenderness on the left temporomandibular; shoulder depression positive bilaterally. Treatments to date include home exercise program; heat therapy; chiropractic treatments; medications: Zyprexa, cyclobenzaprine, Lexapro, naproxen, ibuprofen, omeprazole-trazadone and escoplicone were ordered but he does not take them; psychological evaluation. The request for authorization dated 9-15-15 was for LidoPro topical ointment, 120 milliliters. On 10-9-15 Utilization Review non-certified the retrospective request (9-15-15) for LidoPro topical ointment 120 milliliters #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of LidoPro topical ointment 120ml #1 (DOS: 09/15/2015): Upheld

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

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. The request for retrospective request for 1 prescription of LidoPro topical ointment 120ml #1 (DOS: 09/15/2015) is not medically necessary.