

Case Number:	CM15-0206089		
Date Assigned:	10/22/2015	Date of Injury:	03/05/2010
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 51 year old female sustained an industrial injury on 3-5-10. Documentation indicated that the injured worker was receiving treatment for ongoing right elbow pain with lateral epicondylitis. Previous treatment consisted of lateral release, physical therapy, H-wave, splinting, home exercise and medications. In a PR-2 dated 7-23-15, the injured worker reported that her pain was getting worse with an increase of stabbing pain at the right elbow associated with numbness and hand cramping, rated 10 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. Physical exam was remarkable for "moderate" tenderness to palpation at the medial and lateral epicondyles with "full" range of motion, 5 out of 5 motor strength and intact but diminished sensation on the right arm and hand. In a PR-2 dated 9-30-15, the injured worker complained of ongoing right elbow pain, rated 9 out of 10 without medications and 4 out of 10 with medications, associated with cramping and occasional right hand numbness. The injured worker reported that her pain improved with medications and physical therapy. H-wave had provided significant benefit but had been denied by insurance. Physical exam was remarkable for tenderness to palpation in the right lateral elbow with "full" range of motion, 5 out of 5 upper extremity strength and intact sensation. The physician documented that electrodiagnostic testing during the office visit was normal. The treatment plan included a prescription for Lidopro ointment as oral medications did not help with local tenderness at the elbow. On 10-12-15, Utilization Review noncertified a request for Lidopro ointment 121 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121 gm: 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: Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. LidoPro contains capsaicin, lidocaine, menthol, methyl salicylate. Per MTUS p 112 with regard to capsaicin, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) However, the other ingredients in LidoPro are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical Lidocaine, MTUS states (p112) "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) " The documentation submitted for review does not contain evidence of trial of first-line therapy to support the use of topical Lidocaine. LidoPro topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.