

Case Number:	CM15-0207901		
Date Assigned:	10/26/2015	Date of Injury:	07/26/2012
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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 65 year old male, who sustained an industrial injury on July 26, 2012, incurring left elbow injuries and low back injuries. He was diagnosed with brachial neuritis, thoracic and lumbosacral neuritis and lumbago. Treatment included pain medications, anti-inflammatory drugs, topical analgesic ointment, and acupuncture, physical therapy, cortisone injections, transcutaneous electrical stimulation and home exercise program, and modified work duties. Currently, the injured worker complained of left elbow pain rated 7 out of 10 on a pain scale from 0 to 10. The persistent pains radiated into the left shoulder, left arm, right elbow and right little finger. He noted back pain numbness and pins and needles in the left shoulder. On examination, left elbow range of motion were painful and limited. The pain worsened by carrying, lifting, prolonged sitting, standing, walking, pulling and pushing. He noted his medication regimen helped with some relief of pain. The injured worker developed symptoms of depression secondary to the chronic pain. He was approved for a functional restoration program. The treatment plan that was requested for authorization included a prescription for Lidopro ointment #1. On September 23, 2015, a request for a prescription 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 4.5%-27.5%-0.0325%-10% #1 (dispensed): 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 July 2012 when he slipped and fell while working as a dishwasher landing on his left elbow and low back. Treatments have been conservative. He continues to be treated for left elbow pain and secondary psychological sequela. When seen, he had pain rated at 7/10. He had associated back and left shoulder pain. He had symptoms of depression. Orphenadrine, Ketoprofen, and Lidopro were being prescribed. Physical examination findings included decreased cervical and lumbar spine range of motion. There was lumbar paravertebral muscle tenderness and cervical facet loading was positive. There was left elbow tenderness and pain with range of motion. There was elbow erythema and swelling and he was wearing an elbow brace. Strength testing was limited by pain. There was decreased left upper extremity sensation. Participation in a functional restoration program was pending. Medication refills were provided. 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 considered medically necessary.