

Case Number:	CM15-0027478		
Date Assigned:	02/19/2015	Date of Injury:	08/20/2012
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 8/20/12. He has reported right foot injury. The diagnoses have included closed fracture of metatarsal bones on right foot and right second metatarsal base fracture. Treatment to date has included medications, TENS unit, physical therapy and home exercise program. (CT) computerized tomography scan of right foot showed no evidence of a prior fracture or dislocation. Currently, the injured worker complains of right foot pain, with no change noted in his symptoms. Progress note dated 1/21/15 noted the medications and TENS unit help with the pain. Mild tenderness is noted on exam of second ray through the tarsometatarsal joint. On 1/28/15 Utilization Review non-certified LidoPro topical cream, noting the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS, ACOEM Guidelines, was cited. On 2/13/15, the injured worker submitted an application for IMR for review of LidoPro topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tube of Lidopro Topical for the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topicals Page(s): 111-113 and 105.

Decision rationale: One tube of Lidopro topical for the left ankle is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. For these reasons, LidoPro ointment is not medically necessary.