

Case Number:	CM15-0044144		
Date Assigned:	03/16/2015	Date of Injury:	01/30/2014
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 01/30/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbosacral joint/ligament sprain/strain, left knee sprain/strain, left ankle sprain, left foot sprain/strain, and lumbosacral or thoracic neuritis or radiculitis unspecified. Treatment to date has included use of a knee brace, medication regimen, physical therapy, and home exercise program. In a progress note dated 02/10/2015 the treating provider reports complaints of intermittent right low back pain the was described as pressure and electric shock along with pins and needles sensation with a pain rating of a five out of ten. The injured worker has complaints of intermittent, stabbing pain to the left knee that is rated a five out of ten along with swelling, cracking, and locking. The injured worker also has complaints of intermittent, pressure like pain to the left ankle and foot that is rated a five out of ten. The treating physician requested a prescription of LidoPro cream noting prior use of this medication and noting use of this medication for pain control to the left knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request Lidopro Cream 121 Gram between 2/10/2015 and 2/10/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Lidopro cream #121 g between February 10, 2015 and February 10, 2015 is not medically necessary. Lidopro contains Capsaicin 0.0375%, Lidocaine, Menthol and Methyl salicylate. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, injured worker's working diagnoses are lumbosacral sprain/strain; left knee sprain/strain; left ankle sprain; left foot sprain/strain; and lumbosacral or thoracic neuritis or radiculitis unspecified. Capsaicin 0.0375% is not recommended. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (topical Capsaicin 0.0375% and lidocaine in cream form) that is not recommended is not recommended. Consequently, retrospective Lidopro cream is not recommended. Based on clinical information in the record and peer-reviewed evidence-based guidelines, retrospective Lidopro cream #121 g between February 10, 2015 and February 10, 2015 is not medically necessary.