

Case Number:	CM15-0052673		
Date Assigned:	03/26/2015	Date of Injury:	10/24/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on October 24, 2011. The mechanism of injury is unknown. The injured worker was diagnosed as having Grade I anterolisthesis L3-4, HNP of the lumbar spine, HNP of the cervical spine, HNP of the thoracic spine, right knee chondromalacia patella and right knee mild degenerative joint disease. Treatment to date has included diagnostic studies, acupuncture, chiropractic treatment and medications. On January 19, 2015, the injured worker complained of neck pain rated as a 7 on a 1-10 pain scale and low back pain also rated as a 7/10 on the pain scale. She continues to have radiation of pain down her right arm into her forearm in addition to lower extremity complaints including pain into her right foot. Her right knee pain is a 6/10 on the pain scale. The pain is made worse by colder weather. The treatment plan included medications, home exercise program, ice to her right knee for pain and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment with applicator with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request is for LidoPro topical ointment (containing lidocaine, menthol, capsaicin, and methyl salicylate) with 2 refills for treatment of chronic pain. MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended when trials of antidepressant or anticonvulsants have failed. There is little evidence to support the use of compounded agents. Any compounded product that contains at least one drug that is not recommended is not recommended. Further research is needed to recommend topical lidocaine for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The FDA has warned of the potential hazards of using topical lidocaine. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other therapies. Topical menthol has no therapeutic benefit. The MTUS does not comment on methyl salicylate. The request for this topical agent is not medically necessary.