

Case Number:	CM15-0052792		
Date Assigned:	03/26/2015	Date of Injury:	10/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Emergency 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 30-year-old male who sustained a work related injury October 10, 2013. According to a primary treating physician's progress report, dated February 12, 2015, the injured worker presented with complaints of left upper back pain, left shoulder pain, and low back pain which radiates to the left lower extremity. Medications were noted to help with pain 40-50%. He is off work as his employer could not accommodate his restriction. Diagnoses are documented as sprain/strain elbow; tenosynovitis, bicipital; left biceps tendon tear; lumbalgia/lumbar intervertebral disc without myelopathy. Treatment plan included refill Gabapentin and Lidopro ointment, pending authorization for orthopedic consultation, continue with home exercise program (HEP) and TENS and discussion regarding his diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm (DOS 2/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Lidopro contains capsaicin, lidocaine, Methyl Salicylate and Menthol. 1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of failure of 1st line medications. Not recommended. 3)Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. Pt is on it chronically. Not medically recommended. 4)Menthol: There is no data on Menthol in the MTUS. While individual components of this combination product may provide some benefit, as a combination and due to failing criteria, Lidopro is not recommended, and therefore is not medically necessary.