

Case Number:	CM15-0060916		
Date Assigned:	04/07/2015	Date of Injury:	12/18/2013
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 48 year old man sustained an industrial injury on 12/16/2013. The mechanism of injury is not detailed. Evaluations include a lumbar and thoracic spine MRIs. Diagnoses include discogenic cervical condition, impingement syndrome of the right shoulder, thoracic sprain, discogenic lumbar condition, and chronic pain. Treatment has included oral medications. Physician notes dated 2/23/2015 show complaints of shooting pain in the left lower extremity as well as neck and shoulder pain. Recommendations include urine drug screen, chiropractic treatment, a new cane, Nalfon, Protonix, Tramadol ER, LidoPro, Neurontin, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. 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, Lidopro cream # one bottle is not medically necessary. Lidopro contains Capsaicin 0.0375%, Lidocaine, Menthol, 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, the injured worker's working diagnoses are discogenic cervical condition with broad disc protrusion at C3 - C4, C4 - C5 and C5 - C6 with foraminal narrowing more on the right than left at C5 - C6 and desiccation at C2 - C3 as well as fast and inflammation associated with headaches; impingement syndrome of the shoulder on the right; thoracic sprain; discogenic lumbar condition with particular compound down left lower extremity with MRI showing bulging at L4 - L5 and L5 - S1 (nerve studies are unremarkable); and chronic pain with a 30 pound weight gain. The documentation shows Lidopro cream has been used as far back as September in a progress note 19, 2014. In a progress note dated February 23, 2015, the treating physician refilled Lidopro cream. The injured worker takes gabapentin (an AED) for neuropathic pain. There is no documentation of failed gabapentin use and there are no other antidepressant failures documented in the medical record. 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. Any compounded product that contains at least one drug (Capsaicin 0.035% and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro cream # one bottle is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro cream # one bottle is not medically necessary.