

Case Number:	CM15-0083374		
Date Assigned:	05/05/2015	Date of Injury:	11/07/2013
Decision Date:	06/12/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 59 year old female who sustained an industrial injury on 11/17/2015. Diagnoses include cervical radiculopathy, SLAP tear, shoulder impingement, carpal tunnel syndrome, thoracic sprain/strain and myofascial pain. Treatment to date has included diagnostic studies, status post shoulder therapy, medications, and physical therapy. A physician progress note dated 03/04/2015 documents the injured worker follows up with discomfort in his neck and right shoulder, and she rates her pain as a 7. Medications are helpful with pain reduction, and helpful with activities of daily living. Transcutaneous Electrical Nerve Stimulation unit helps also. She ambulates with an antalgic gait. In a physician progress note 02/04/2015 the injured worker complains of constant right shoulder pain that is worse with activity. Raising her arm above the shoulder is particularly painful. She also complains of right upper back and neck pain that has been present since her injury, but was never worked up. Neck pain used to radiate to her right arm and hand with associated numbness of her hand. Radiating pain has resolved, but numbness has not. On examination the cervical spine is tender to palpation and right and spasm is present. Range of motion is limited secondary to pain with left rotation and side bending. There is a positive Phalen's on the right. There is tenderness to palpation to the thoracic right trapezius and latissimus dorsi. The right shoulder is tender to palpation at the bicipital groove, and posterolateral acromion. There is positive Speed's, O'Brien's and Impingement sign on the right. The treatment plan includes Gabapentin, Naproxen, physical therapy and a Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for Lidopro cream 121 gm (capsaicin, lidocaine, menthol, and methyl salicylate).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm (capsaicin, lidocaine, menthol, and methyl salicylate): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines. The request for Lidopro cream 121 gm (capsaicin, lidocaine, menthol, and methyl salicylate) is determined to not be medically necessary.