

Case Number:	CM14-0005256		
Date Assigned:	01/24/2014	Date of Injury:	05/28/2010
Decision Date:	06/16/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer is Board Certified in Internal Medicine Pulmonary Diseases, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old male with a reported date of injury on 05/28/2010. The mechanism of injury was not submitted within the medical records. The progress note dated 12/11/2013 reported the injured worker was status post interlaminar epidural steroid injection on 08/22/2013 to the C4 and C5 levels. The injured worker reported the injections decreased his pain by 75%, increased his ability to accomplish activities of daily living, and helped him decrease the number of Norco he took per day. The injured worker reported his neck pain was rated 3-4/10 with radiation of pain, numbness and tingling to the right hand. The injured workers medication regimen included Norco, Pamelor, Naproxen, Prilosec, and Lidopro. The injured worker had diagnoses including herniated nucleus pulposus of the cervical spine, cervical radiculopathy, right shoulder arthralgia status post decompression, and right lateral epicondylitis. The request for authorization form was submitted on 12/11/2013 for Lidopro cream which was prescribed due to herniated nucleus pulposus of the cervical spine, cervical radiculopathy, right shoulder arthralgia status post decompression, and right lateral epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-114.

Decision rationale: The injured worker was prescribed Terocin cream as well as Norco, Pamelor, Naproxen, and Prilosec. Lidopro cream consists of Capsaicin 0.025%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The California Chronic Pain Medical Treatment guidelines state, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS guidelines recommend lidocaine for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the Food and Drug Administration (FDA) for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the MTUS, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studies for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.075% formulation of capsaicin and there is not current indication that this increase over a 0.025% formulation would provide any further efficacy. It did not appear the injured worker had not responded or was intolerant to other treatments. Additionally, the guidelines do not recommend Lidocaine cream for topical application. As the MTUS notes any compound containing at least one drug or drug class that is not recommended is not recommended, Lidopro-cream would not be indicated. Therefore, the request is non-certified.