

Case Number:	CM14-0124718		
Date Assigned:	08/08/2014	Date of Injury:	04/16/2014
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in 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 58 year old male who reported an injury on 04/16/2014. The mechanism of injury was not indicated. The injured worker was diagnosed with thoracic sprain/ strain, lumbar sprain/strain, left shoulder arthralgia, left sided rib arthralgia, and cervical/ lumbar radiculopathy. The injured worker was treated with physical therapy, acupuncture, chiropractic treatments, and medications. The injured worker had unofficial x-rays of the left shoulder and lumbar spine on 04/28/2014. The clinical note dated 07/15/2014 noted the injured worker complained of pain in the left shoulder rated 7/10, pain in the neck and arm rated 4/10, and pain in the low back rated 4-5/10. The injured worker had decreased sensation at left C6, L4, L5, and S1 dermatomes, mildly hyperreflexic bilateral upper and lower extremity reflexes. The injured worker's range of motion was cervical extension at 30 degrees, thoracic extension at 10 degrees, and lumbar extension was 10 degrees. The injured worker was prescribed Norco 5/325mg every 12 hours as needed, ketoprofen 75mg every 12 hours as needed, and lidopro cream noted on clinical note dated 07/15/2014. The treatment plan was for lidopro topical ointment. The rationale for the request was not indicated. The request for authorization was submitted for review on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

#1 Lidopro topical ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topicals Page(s): 111-112.

Decision rationale: The request for #1 Lidopro topical ointment 4oz is not medically necessary. The injured worker complained of pain in the left shoulder rated 7/10, pain in the neck and arm rated 4/10, and pain in the low back rated 4-5/10. Lidopro topical ointment consists of Capsaicin 0.0325%, Lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The California MTUS guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines states that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as gabapentin or Lyrica. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine creams, lotions or gels are indicated for neuropathic pain. Topical salicylate is significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records lack documentation of a failed trial of first-line therapy such as gabapentin or Lyrica. The medical records do not indicate that the injured worker has not responded to or is intolerant of other treatments. Lidopro topical ointment contains Lidocaine 4.5% in cream form which is not a recommended form of lidocaine per the guidelines. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. The injured worker is prescribed an oral short acting opioid and NSAID. Additionally, the request does not indicate the frequency or dosage of the topical ointment. As such, the request for #1 Lidopro topical ointment 4oz is not medically necessary.