

Case Number:	CM14-0135034		
Date Assigned:	08/29/2014	Date of Injury:	01/18/2006
Decision Date:	10/07/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 53 year old female who was injured on 01/18/06, and is being followed up for management of chronic pain involving the cervical spines, bilateral shoulders and lumbar spines. Current diagnosis include cervical degenerative disc disease, lumbar degenerative disc disease and shoulder sprain/strain. Clinical note dated 06/02/14 indicated the injured worker complains of neck pain radiating down her left arm, shoulder pain and low back pain. Pain level was rated as 7/10. Clinical notes indicated the injured worker is on high dose of NSAIDs, and has gastritis if she does not take Omeprazole. Physical examination revealed reduced range of motion in the cervical and lumbar paraspinal muscles, and hypertonicity of the trapezius bilaterally. Plan of management include Diclofenac ER 100mg, Cyclobenzaprine 7.5mg, Omeprazole 20mg, and Menthoderm. Clinical note dated 07/16/14 indicated the injured worker complains of neck pain with radiation down her left arm, shoulder pain and low back pain. The injured worker indicated she had good results with the cream. Pain level was rated as 7/10. Physical examination revealed reduced range of motion in the cervical and lumbar areas. There was also tenderness in the cervical and lumbar paraspinal muscles. Plan of management included Lidopro cream since the patient is unable to tolerate oral medications. The request for Lidopro cream was previously non-certified on 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105.

Decision rationale: As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. LidoPro cream is a compounded topical analgesic that contains capsaicin, lidocaine, menthol and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine, in the form of dermal patch has been designated for orphan studies by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. In addition, there is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for LidoPro cream is not medically necessary.