

Case Number:	CM14-0141164		
Date Assigned:	09/10/2014	Date of Injury:	09/24/2012
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 50 year old male who reported injury on 09/24/2012. The mechanism of injury was repetitive motion. He was diagnosed with possible complex regional pain syndrome of the right upper extremity. His past treatments were noted to have included Butrans, Prozac, Effexor, Gabapentin and NSAIDS; however, it was noted that these medications had failed to control his neuropathic pain and some had caused adverse side effects. The injured worker was noted to have had recent surgery of the right elbow, wrist, and third phalanx. On 05/12/2014 the injured worker reported that LidoPro helped him sleep and decreased his pain. Upon physical examination of the right upper extremity, it was noted that there was no sign of infection at the surgical site, he was unable to extend or flex his right wrist due to his prior surgery, and he had discoloration of the right wrist. His medications included Docuprene 100mg, LidoPro cream and Norco 5/325mg. The treatment plan included the continued use of Norco for severe pain and LidoPro cream to improve his right upper limb pain as it had been helping. The request for authorization form for Lipopro Topical ointment 4oz was provided on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipopro Topical ointment 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Topical analgesics, compounded, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: The request for Lipopro topical ointment 4 oz is not medically necessary. The injured worker has a history of possible complex regional pain syndrome in the right upper extremity, chronic pain syndrome, status post right elbow, wrist and third phalanx surgeries. The California Medical Treatment utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidopro is a compounded drug that includes Lidocaine, Capsaicin, Menthol and Methyl Salicylate. The guidelines state that topical salicylates have been shown to be better than placebo for chronic pain. However, the guidelines specify that lidocaine is only recommended for topical use in the formulation of the Lidoderm patch and other topical formulations are not supported to treat neuropathic pain at this time. In regard to capsaicin, this topical agent is recommended only as an option in patients who have not responded or are intolerant to other treatments. The submitted documentation indicated that the injured worker had reported that LidoPro helped him sleep and decreased his pain. It was also noted that Butrans, Prozac, Effexor, and Gabapentin had failed to control his neuropathic pain in his right upper extremity and that he had been intolerant to various first line medications. However, as the guidelines specifically state that topical lidocaine is not recommended to treat neuropathic pain except in the formulation of the Lidoderm patch, the requested compound, which contains topical Lidocaine, is also not supported. Additionally, clarification is needed as the request for "Lipopro" was submitted incorrectly based on the clinical documentation showing that the injured worker has been treated with "LidoPro" cream. Lastly, the request, as submitted, did not specify a frequency of use. For the reasons listed above, the request for Lipopro topical ointment 4 oz is not medically necessary.