

Case Number:	CM14-0094322		
Date Assigned:	07/25/2014	Date of Injury:	02/27/2014
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family 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:

This 48 year old patient had a date of injury on 2/27/2014. The mechanism of injury was extensive walking, hurting her calf, side of leg, hip, butt, and back. In a progress noted dated 3/17/2014, subjective findings included feeling of weakness in right leg, malaise, and night sweats. On a physical exam dated 3/17/2014, objective findings included minimal rash in anterior right tibia with slight erythema. The diagnostic impression shows degenerative lumbar/lumbosacral intervertebral disc, cerivalgia. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 5/21/2014 denied the request for Lidopro topical ointment, stating that there was no indication of failed trials of 1st line recommendations of oral anti-depressants and anticonvulsants to support the need for using topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Lidopro

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA states that Lidopro is a combination of Capsaicin .0325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. In the reports viewed, there was no evidence of failure of a 1st line oral analgesic such as Gabapentin or ibuprofen. Furthermore, this product contains capsaicin .0325%, and guidelines to not recommend topical application for products containing capsaicin greater than .025%. Therefore, the request for Lidopro Ointment is not medically necessary.