

Case Number:	CM15-0040645		
Date Assigned:	03/10/2015	Date of Injury:	03/02/2014
Decision Date:	05/29/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 34 year old injured worker who sustained an industrial injury on 03/02/2014. The injured worker is currently diagnosed as having ankle sprain and shoulder strain. Treatment and diagnostics to date has included physical therapy, home exercise program, paraffin bath treatment, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 12/17/2014, the injured worker presented with complaints of right shoulder and right ankle pain. According to the application, Independent Medical Review has been requested for Lidopro topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical cream 121mg (and 1 refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 12/17/14 progress report provided by the treating physician, this patient presents with right shoulder pain, right ankle pain, rated 5/10 on VAS scale. The treater has asked for LIDOPRO TOPICAL CREAM 121MG AND 1 REFILL but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that meds and TENS treatments help with pain per 12/17/14 report. The patient is doing physical therapy to help with pain and range of motion per 9/24/14 report. The patient states that she felt comfortable post physical therapy treatment per 11/24/14 report. The patient was dispensed an ace wrap to use on the ankle at night per 10/22/14 report. The patient is to return to modified work on 12/17/14, per 12/17/14 report. MTUS Page 112 also states, lidocaine indication neuropathic pain recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." Patient has not had prior use of Lidopro lotion per review of reports. LidoPro cream contains capsaicin, lidocaine, menthol, and methyl salicylate. However, the MTUS only supports Lidopro in a patch formulation and not as a cream, lotion, gel or other forms. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical cream contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore, the request IS NOT medically necessary.