

Case Number:	CM15-0068856		
Date Assigned:	04/16/2015	Date of Injury:	09/20/2010
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal Medicine

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 43 year old woman sustained an industrial injury on 9/20/2010. The mechanism of injury is not detailed. Diagnoses include myofascial pain along the right shoulder, epicondylitis of the right arm, tenosynovitis of the right forearm, right wrist joint sprain, numbness and tingling along the right arm, chronic pain, sleep disorder, and depression. Treatment has included oral medications. Physician notes dated 3/11/2015 show complaints of pain tot eh right elbow and wrist. Recommendations include carpal tunnel brace, nerve studies, laboratory testing, hot and cold wrap, TENS unit with conductive garment, elbow pad, Fenoprofen Calcium, Venlafaxine XR, cyclobenzaprine, Pantoprazole, Trazadone, LidoPro, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 1 bottle 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113, NSAIDs (non-steroidal anti-inflammatory drugs), page 67-73, Capsaicin, topical, page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. The orthopedic progress report dated March 11, 2015 documented the diagnoses of myofascial pain along the shoulder on the right, epicondylitis laterally on the right arm, tenosynovitis along the right forearm, wrist joint sprain, and gastroesophageal reflux disease (GERD). Blood pressure was 144/84. The orthopedic progress report dated January 14, 2015 documented that blood pressure was 167/95. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records document a history of GERD gastroesophageal reflux disease. Per MTUS, NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Medical records indicate long-term NSAID use, which is not recommended by MTUS. Methyl salicylate, a component of LidoPro, is a NSAID. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin per MTUS. There was no documentation of post-herpetic neuralgia. Per MTUS, further research is needed to

recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. MTUS guidelines and medical records do not support the medical necessity of a topical analgesic containing Methyl Salicylate, Capsaicin, and Lidocaine, which are ingredients in LidoPro. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for LidoPro is not medically necessary.