

Case Number:	CM13-0054520		
Date Assigned:	12/30/2013	Date of Injury:	04/07/2012
Decision Date:	03/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain 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 physician 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 patient is a 38-year-old male with a date of injury of April 7, 2012 with related chronic right shoulder pain. He had a right shoulder rotator cuff repair in 2010. A magnetic resonance arthrogram dated October 12, 2013 demonstrated findings consistent with tearing, tendinosis, and osteoarthritis. According to an October 24, 2013 progress report, he had persistent right shoulder pain and difficulty with range of motion, weakness, numbness and tingling. Objectively he had decreased range of motion and strength, tenderness to palpation, and positive orthopedic testing consistent with shoulder impingement and tendinitis. He has been treated with physical therapy, acupuncture, injections, and medications. The date of the UR decision was November 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Lidopro topical lotion, 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 60, 111-113.

Decision rationale: LidoPro is a compound medication that contains capsaicin, lidocaine, menthol, methyl salicylate. The California MTUS Chronic Pain Medical Treatment Guidelines state that only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. According to the California MTUS Chronic Pain Medical Treatment Guidelines "there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Guidelines recommend methyl salicylate, stating that it is significantly better than placebo in chronic pain. However, the other ingredients in LidoPro are not indicated. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The California MTUS guidelines, the Official Disability Guidelines, the National Guidelines Clearinghouse, and Occupational Medical Practice Guidelines provide no evidence-based recommendations regarding the topical application of menthol. According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since lidocaine and menthol are not medically indicated, then the overall product is not indicated. Therefore, the request for Lidopro topical lotion is not medically necessary or appropriate.