

Case Number:	CM13-0054906		
Date Assigned:	12/30/2013	Date of Injury:	11/15/2008
Decision Date:	03/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 physical medicine and rehabilitation, has a subspecialty in pain management, 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:

This patient is a 47-year-old with date of injury of 11/15/2008. Per treating physician's report, 10/17/2013, listed diagnoses are DDD (degenerative disc disease) of C-spine with stenosis, chronic thoracic myofascial complaints, left shoulder arthralgia with impingement, right lumbar radiculopathy, and medication-induced gastritis. Presenting symptoms are neck, low back, rated at 5/10 to 6/10, continues to have limitations with his activities due to his pain complains and uses ice on daily basis. The patient also uses Terocin cream in the past that helps with this pain level. Under treatment and plan, the treating physician wanted to trial him on LidoPro cream in an attempt to reduce his usage of oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lidopro topical ointment, 4 oz: 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): 111.

Decision rationale: This patient presents with chronic neck, thoracic, shoulder, and low back pain with radiation into the extremities. The treating physician has prescribed "LidoPro topical

ointment." LidoPro appears to be a combination topical cream containing capsaicin, lidocaine, menthol, and methyl salicylate. The Chronic Pain Medical Treatment Guidelines do not support compounded creams if any one of the component is not recommended. In this case, Lidocaine is not recommended in a cream form. Lidocaine is only recommended in a patch form according to the Chronic Pain Medical Treatment Guidelines. Methyl salicylate which is an antiinflammatory topical cream is only recommended for peripheral joint arthritis and tendonitis such as elbows and knees. It is specifically not recommended for neck, low back, or shoulder problems. This patient does not present with peripheral joint arthritis or tendonitis. The request for one prescription of Lidopro topical ointment, 4 oz, is not medically necessary or appropriate.