MAXIMUS Federal Services

Case Number:	CM13-0063319		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2004
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 56-year-old male who reported an injury on 11/12/2004 due to cumulative trauma while performing normal job duties. The patient reportedly developed an injury to the right shoulder. The patient's treatment history included multiple surgical interventions, medications, physical therapy, and a TENS unit. The patient's most recent evaluation documented that the patient had persistent mechanical symptoms of the right shoulder with increased pain that is responsive to medication usage. It was noted that the patient had topical pain relief lotion that did provide significant relief. Objective findings included tenderness along the right shoulder rotator cuff and biceps tendon with weakness described as 4+/5 to resistance and abduction. The patient's treatment plan included continuation of medications to include LidoPro cream, Prilosec, Ultracet, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Capsaicin, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested LidoPro cream 4 ounces is not medically necessary or appropriate. The requested compounded agent contains capsaicin, lidocaine, menthol, and methyl salicylate. California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical agent when the patient has failed to respond to all first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to antidepressants and anticonvulsants for pain relief. Additionally, California Medical Treatment Utilization Schedule does support the use of methyl salicylate and menthol for osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Also, the California Medical Treatment Utilization Schedule does not recommend the use of lidocaine as a cream formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested LidoPro cream 4 ounces is not medically necessary or appropriate.