

Case Number:	CM14-0114338		
Date Assigned:	08/04/2014	Date of Injury:	11/25/2005
Decision Date:	09/11/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain with derivative complaints of depression reportedly associated with an industrial injury of November 25, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; epidural steroid injection therapy; and topical compounds. In a Utilization Review Report dated June 23, 2014, the claims administrator denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a progress note dated June 4, 2014, the applicant reported persistent complaints of neck pain. The applicant was using Norco, Soma, Naprosyn, Neurontin, Prilosec, Cialis, Klonopin, and LidoPro, it was acknowledged. The applicant was placed off of work, on total temporary disability. Several medications were refilled. The applicant was reportedly using 10 tablets of Norco a day, it was stated. The applicant was placed off of work, on total temporary disability, while authorization was sought for a multilevel cervical fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical analgesic cream, apply 3 time daily, (contains: 27.5% methyl salicylate, 0.0325% capsaicin, 10% menthol, 4.5% lidocaine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin , Topical Analgesics topic Page(s): 28, page 111.

Decision rationale: One of the ingredients in LidoPro is capsaicin. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, however, capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant to other treatments. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Naprosyn, Soma, Neurontin, etc. effectively obviates the need for the capsaicin-containing topical compound. Since the capsaicin ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.