

Case Number:	CM14-0040863		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2010
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology and Pain Medicine, 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 injured worker is a 28-year-old male who reported an injury on 8/23/10. The mechanism of injury was not provided. On 5/9/14, the injured worker presented with pain in the neck and right shoulder. Upon examination there was decreased range of motion to the right shoulder and tenderness to palpation over the right trapezius and cervical paraspinal musculatures. The diagnoses were fracture of the clavicle, unspecified, status post surgical, cervical degenerative disease, headache, poor coping/sleep issues, and myofascial pain. Prior treatment included a TENS unit, naproxen, omeprazole and Lidopro ointment. The provider recommended Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with randomized control trials to determine efficacy or safety. Topical

analgesics are primarily recommended to neuropathic pain when trials of antidepressants and anticonvulsives have failed. Any compounded products that contain at least one drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first-line therapy, tricyclic or SNRI antidepressant or AED such as gabapentin or Lyrica. No other commercially approved topical formulation of lidocaine whether cream or lotions or gels are indicated for neuropathic pain. There is lack of documentation that the injured worker has not responded to or is intolerant to other treatments. There are no other commercially approved topical formulations of lidocaine indicated for neuropathic pain, and there is lack of documentation of a trial and fail of antidepressants and anticonvulsives in the documentation. Additionally the provider's request does not indicate the site, the dose, frequency, quantity or site the Lidopro ointment is indicated for in the request as submitted. As such, the request is not medically necessary.