

Case Number:	CM14-0051649		
Date Assigned:	07/07/2014	Date of Injury:	06/17/2012
Decision Date:	09/16/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 patient is a 25-year-old female who has submitted a claim for sprain of neck associated with an industrial injury date of June 17, 2012. Medical records from 2012-2014 were reviewed. The patient complained of neck pain, rated at 7/10 and low back pain, rated at 4/10, radiating to her right shoulder. Patient also complains of bilateral ankle pain and numbness and tingling in the 2nd and 3rd digits of the toes when walking. Physical examination showed tenderness of the right paracervical region in continuity with tenderness of the right trapezius with fullness of the right trapezial musculature. There was limited range of motion for the right shoulder. Treatment to date has included oral medications, acupuncture and chiropractic sessions. Utilization review, dated March 19, 2014, denied the request for One (1) prescription of LidoPro Topical Ointment because components of the compound topical agent were not recommended by the guidelines for topical use. The same utilization review denied the request for Eight (8) Massage Therapy Sessions because submitted records were lacking in documenting information for decision.

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 Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylates, Topical Analgesics Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains Capsaicin in 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that Salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, there was no mention regarding the therapeutic indication for the use of this medication despite not being recommended by guidelines. LidoPro topical ointment has components, i.e., Capsaicin 0.0325% and Lidocaine that are not recommended for topical use. Therefore the request for One (1) prescription of LidoPro Topical Ointment was not medically necessary.

Eight (8) Massage Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 142-143, 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, regarding chiropractic treatment, there should be evidence of objective functional improvement with previous treatment and a total of up to 18 visits are supported. In this case, there was no documentation in the records of previous sessions of massage therapy. There was also no mention of benefits and functional improvement that were obtained after chiropractic treatment, nor objective evidence such as decrease in pain score, improvement in functionality with activities of daily living, and decrease in medication use. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for Eight (8) Massage Therapy Sessions is not medically necessary.