

Case Number:	CM14-0059493		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2003
Decision Date:	09/24/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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:

Patient is a 57 year-old female with date of injury 03/05/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/19/2014, lists subjective complaints as headaches and pain throughout the arms and upper extremities. Objective findings: Examination revealed tenderness along the trapezius, shoulder girdle as well as the upper extremities, elbow and wrist bilaterally with positive Tinel's at the elbows. Diagnosis: 1. Discogenic cervical condition with facet inflammation 2. Thoracic outlet syndrome 3. Rotator cuff strain on the right side 4. Epicondylitis medially, especially on the right 5. Carpal tunnel syndrome bilaterally status post decompression on the right side 6. Headaches 7. Depression 8. Sleep disorder 9. Weight gain. The medical records provided for review document that the patient had not been prescribed the following medication before the request for authorization on 03/19/2014. Medication: 1. LidoPro 4oz SIG: apply topically to affected area twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Given the above the request is not medically necessary.