MAXIMUS Federal Services

Case Number:	CM14-0212276		
Date Assigned:	01/02/2015	Date of Injury:	11/12/2013
Decision Date:	09/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male who sustained an industrial injury on November 12, 2013. The worker is employed as a bus driver. A physical therapy visit dated November 24, 2014 reported subjective complaint of doing more home exercises and the taping is really helping. The assessment noted the worker with good response to session with decreased musculoskeletal pain, guarding right upper quadrant and increased awareness of mechanics especially when lifting. A primary treating office visit dated December 11, 2014 reported a discrepancy in regards to therapy treatment and affected body parts. There is mention that the prescribing physician wished to treat both the neck and shoulder. The plan of care noted the patient expected to complete current therapy session and requesting additional course. A primary treating office visit dated October 29, 2014 reported subjective complaint of right shoulder and neck pains. Objective findings showed the worker lacking 10 degrees of full abduction compared to the left side with a positive impingement and O'Brien's tests. There was noted tenderness over the right acromioclavicular joint; without instability. The plan of care noted requesting physical therapy treating the neck and shoulder before embarking on surgery. If the symptoms persist we will consider arthroscopic right shoulder surgery with a distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro (bottles) QTY: 2.00: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2013 and was being treated for neck and shoulder pain. His past medical history included gout and he had been treated with anti-inflammatory medications which had been discontinued due to possible renal insufficiency. When seen, there had been improvement in his shoulder with physical therapy. There was decreased shoulder range of motion with positive impingement testing and acromioclavicular joint tenderness. Arthroscopic shoulder surgery was being considered. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments including generic topical diclofenac that could have been considered. Lidopro was not medically necessary.