

Case Number:	CM15-0003985		
Date Assigned:	01/14/2015	Date of Injury:	11/19/2012
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 55 year old Female, who sustained an industrial injury on 11/19/2012. She has reported. The diagnoses have included sprain of elbow and forearm, partial tear of rotator cuff, left shoulder impingement and cervical strain/sprain. Treatment to date has included magnetic resonance imaging, medications, and physical therapy and steroid injections. The treating provider noted significant loss of motion to the left shoulder. On 12/31/2014 Utilization Review non-certified Lidopro Lotion 4 oz., noting the MTUS Chronic Pain Treatment Guidelines, topical analgesics, topical anti-inflammatory medications and ODG. On 1/7/2015, the injured worker submitted an application for IMR for review of Lidopro Lotion 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro lotion 4 oz: 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 analgesics Page(s): 111-113.

Decision rationale: The request is considered not medically necessary. Lidopro ointment is a combination of lidocaine, capsaicin, menthol, and methyl salicylate. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not have documented neuropathic pain. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There are no guidelines for the use of menthol with the patient's complaints. Methyl salicylate may be useful for chronic pain, however, any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.