MAXIMUS Federal Services

Case Number:	CM15-0007711		
Date Assigned:	01/26/2015	Date of Injury:	09/27/2013
Decision Date:	03/20/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 9/27/2013 during a work related sports event. He went to dive and landed on the ground on his left shoulder injuring his left shoulder and cervical spine. He underwent a closed reduction of the shoulder. Magnetic resonance imaging (MRI) dated 5/17/2014 revealed multilevel disc bulges of the cervical spine. He underwent arthroscopic subacromial decompression and acromioplasty with resection of the coracoacromial ligament with an extensive subacromial and sub deltoid bursectomy and debridement of a partial rotator cuff tear on 4/18/2014. The diagnoses have included shoulder traumatic dislocation and left shoulder status-post arthroscopic decompression. Treatment to date has included surgical intervention, physical therapy, medications and activity modification. Currently, the IW reports improvement in his left shoulder symptoms. Objective findings included forward elevation 150 degrees, abduction of 130 degrees. Neer's and Hawkin's tests are negative. O'Brien's test is negative and the incisions are well healed. On 1/05/2015, Utilization Review non-certified a request for LidoPro topical analgesic cream 121gm noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/13/2015, the injured worker submitted an application for IMR for review of LidoPro analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Analgesic Cream 121mg (DOS 12/09/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with shoulder and back pain. The current request is for Lidopro Topical Analgesic Cream 121mg (DOS 12/09/14). The treating physician states, The patient describes neck pain mostly axial in nature radiating to the medial scapular region and down the right upper extremity all the way down to the hand. The patient describes 70% neck pain, 30% right arm pain. The neck pain is worse with any activity that involves turning neck such as driving or constant upward or downward gazing. MTUS guidelines on topical analgesics page 111 (chronic pain section) state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS guidelines page 111 state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding lidocaine topical analgesics, Only FDA approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation, the current request is not supported by the MTUS guidelines. Recommendation is for denial.