

Case Number:	CM15-0018177		
Date Assigned:	02/06/2015	Date of Injury:	02/27/2013
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 31 year old male, who sustained an industrial injury on February 27, 2013. He has reported injury to his left rib when he was struck with a bar from a machine. The diagnoses have included sprain and strain of ribs. Treatment to date has included medications, injections, physical therapy, TENS unit, heat therapy and diagnostic studies. Currently, the injured worker complains of right rib pain with radiation to the back rated a 5 on a 1-10 pain scale and right shoulder pain rated a 3-4/10. On January 20, 2015, Utilization Review non-certified LidoPro topical ointment, noting the California Chronic Pain Medical Treatment Guidelines. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment: Upheld

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

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

Decision rationale: LidoPro lotion contains Capsaicin, lidocaine, menthol and methyl salicylate. According to guidelines, topical analgesics are experimental with limited evidence of efficacy. They are primarily recommended for the treatment of neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that if the compounded product contains at least one drug that is not recommended, the product is not recommended. The clinical information submitted for review failed to include detailed documentation of the previous trial with antidepressants or anticonvulsants. Thus, LidoPro is not medically necessary and appropriate.