

Case Number:	CM15-0146224		
Date Assigned:	08/10/2015	Date of Injury:	02/24/2015
Decision Date:	09/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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: Maryland

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

This 53 year old man sustained an industrial injury on 2-24-2015. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain-strain, left had sprain-strain, lumbar spine sprains-strain, and myofascial pain. Treatment has included oral medications. Physician notes on a PR-2 dated 5-22-2015 show complaints of neck pain with radiation to the bilateral upper extremities with numbness and low back pain. Recommendations include functional capacity evaluation, trial LidoPro cream, acupuncture, lumbar spine MRI, consider cervical spine MRI, decrease Naproxen, and would benefit from TENS unit and theracare.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro: 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 Salicylate topicals & Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: Lidopro is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin at the strength present in Lidopro or Lidocaine in this case. Furthermore, the request does not specify a quantity. For these reasons, LidoPro is not medically necessary.