

Case Number:	CM15-0146688		
Date Assigned:	08/07/2015	Date of Injury:	10/09/2013
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
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: North Carolina
 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 51 year old female who sustained a repetitive industrial injury on 10/09/2013. The injured worker has a medical history of hypertension and diabetes mellitus. The injured worker was diagnosed with right shoulder and arm pain and repetitive stress injury. No surgical interventions were documented. Treatment to date has included diagnostic testing, modified activity, physical therapy and medications. According to the primary treating physician's progress report on July 3, 2015, the injured worker continues to experience right shoulder and arm pain associated with hand numbness and cramping rated at 4-8 out of 10 on the pain scale. Examination demonstrated tenderness over the right acromioclavicular joint area, right cervical facet joints, trapezius and supraspinatus muscles. Right shoulder abduction was approximately 50-60%. Strength in the upper extremity was 5 out of 5 with 1 plus reflexes in the upper extremities bilaterally. Sensation was intact. Phalen's and Tinel's signs were questionable on the right and negative on the left. The bilateral elbows had normal range of motion and the bilateral wrists were noted at approximately 50-60%. Neck flexion and extension was approximately 5-60% with extension and lateral rotation being painful. Current medication was noted as Neurontin Treatment plan consists of reviewing cervical spine and shoulder magnetic resonance imaging (MRI), follow-up appointment and the current request for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Lidopro Cream: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.