

Case Number:	CM15-0149497		
Date Assigned:	08/12/2015	Date of Injury:	10/26/2013
Decision Date:	09/14/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/31/2015

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

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 49-year-old male who sustained an industrial injury on October 26, 2013 resulting in neck, shoulder, facial and head pain. He was diagnosed with headache, blurry vision after facial trauma, cervicgia, cervical degenerative disc disease, left should pain, left shoulder impingement syndrome, muscle spasm, whiplash, and facial contusion. Documented treatment has included chiropractic treatment, TENS unit, home exercise program, ultra sound therapy, and topical pain medication. The injured worker continues to report chronic pain. The treating physician's plan of care includes Lidopro cream. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 105.

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

Decision rationale: This patient presents with shoulder, face and heat pain. The current request is for Lidopro cream 121gm. The RFA is dated 07/09/15. Treatment history included chiropractic treatment, TENS unit, home exercise program, ultra sound therapy, and topical pain medication. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." According to progress report 07/09/15, the patient presents with neck, shoulder, facial and head pain. The listed diagnoses are headache, blurry vision after facial trauma, cervicalgia, cervical degenerative disc disease, left should pain, left shoulder impingement syndrome, muscle spasm, whiplash, and facial contusion. Lido pro cream was initially dispensed in February 2015. There is no discussion as to why this topical cream was dispensed or how it is to be used. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. This topical compound cream contains Lidocaine, and MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or any other form. Given that MTUS does not support lidocaine in a cream form, the entire compounded cream is rendered invalid. This topical compound medication IS NOT medically necessary.