

Case Number:	CM15-0166478		
Date Assigned:	09/04/2015	Date of Injury:	07/16/2012
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of July 16, 2012. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a July 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 10, 2015 it was acknowledged that the applicant was using Motrin, Lunesta, Terocin, LidoPro, it suggested (but not clearly stated) the applicant was not working with limitations in place. The applicant had ongoing issues with shoulder pain superimposed on derivative complaints of insomnia, irritability, and other psychiatric symptoms. The applicant was asked to follow up with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% compounded cream (4% lidocaine; 10% menthol 27.5%; menthol-salicylate 0.0325%) #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for a topical compounded LidoPro cream was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e. the primary ingredient in the LidoPro compound, is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing LidoPro compound in question. Since the lidocaine component in the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of ibuprofen, a first-line oral pharmaceutical, moreover, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the agent in question. Therefore, the request was not medically necessary.