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| Case Number: | CM15-0169164 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 11/03/2014 |
| Decision Date: | 10/07/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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:

The injured worker is a 40 year old male, who sustained an industrial-work injury after a pallet fell on his head and shoulders on 11-3-14. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, cervical radiculopathy, cervical spine disc protrusion, thoracic strain and sprain, lumbar strain and sprain, lumbar disc protrusion, lumbar radiculopathy, bilateral shoulder sprain and strain and status post left shoulder surgery in 2001. Medical records dated (2-4-15 to 7-6-15) indicate that the injured worker complains of constant headaches, neck pain, mid back pain and low back pain that radiates to the bilateral lower extremities (BLE) with numbness and tingling. He also complains of constant bilateral shoulder pain. The pain is rated 6 out of 10 on the pain scale which has been unchanged. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-6-15 the employee has not returned to work and is temporarily totally disabled. The physical exam dated from (2-4-15 to 7-6-15) reveals that there is tenderness to palpation along the cervical spine. The cervical range of motion is flexion 40 degrees, extension 40 degrees, right and left lateral flexion 30 degrees, and right and left rotation is 60 degrees. The right shoulder range of motion with flexion is 140 degrees, extension is 30 degrees, abduction is 130 degrees, adduction is 30 degrees, internal and external rotation is 60 degrees. The left shoulder range of motion with flexion is 135 degrees, extension is 30 degrees, abduction is 130 degrees, adduction is 30 degrees, internal rotation is 60 degrees, external rotation is 80 degrees, and there is tenderness to palpation along the trapezius muscle bilaterally. The lumbar range of motion with flexion is 35 degrees, extension is 5 degrees, right and left lateral flexion is 10 degrees, there is tenderness along the lumbar spine and straight leg raise is positive bilaterally. Treatment

to date has included pain medications, and topical creams including Xolindo since at least 7-6-15, physical therapy at least 11 sessions, activity modifications, diagnostics, and other modalities. The treating physician indicates that the urine drug test result dated 3-9-15 was consistent with the medication prescribed. The original Utilization review dated 7-28-15 denied a request for Xolindo 2% Cream as the use of topical agents is largely experimental and not supported by the guidelines and Xolindo cream is a topical Lidocaine cream and Lidocaine is used for localized superficial neuropathic pain and then only as a transdermal patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolindo 2% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=f2b463d7-3fcf-4b2c-8ba2-8e51e3290de2>.

Decision rationale: Xolindo 2% Cream is not medically necessary per the MTUS Guidelines and an online review of this cream. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The documentation does not indicate extenuating reasons to go against guideline recommendations and use this cream which contains Lidocaine. The request for Xolindo Cream is not medically necessary.