

Case Number:	CM15-0182572		
Date Assigned:	09/23/2015	Date of Injury:	08/26/2011
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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, California

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:

This 36 year old male sustained an industrial injury on 8-26-11. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, cervical spine radiculitis, low back pain and shoulder strain. Previous treatment included cervical fusion (2012), acupuncture, home exercise; trigger point injections, injections, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging cervical spine (3-13-15) showed straightening of the cervical lordosis with postsurgical changes at C5-6 and no acute findings. In a PR-2 dated 4-1-15, the injured worker complained of worsening neck pain, rated 7 out of 10 on the visual analog scale with continuing radiation to both hands associated with numbness. Physical exam was remarkable for right shoulder with "limited" range of motion and neck with "moderately decreased" global range of motion and tenderness to palpation. The physician noted that initial acupuncture did not help much. The treatment plan included acupuncture, continuing home exercise and refilling medications (Norco). In a PR-2 dated 6-29-15, the injured worker complained of pain 8 out of 10 to the cervical spine and bilateral shoulders. The injured worker received ultrasound therapy to the cervical spine and bilateral shoulders during the office visit. Post therapy pain level was 5 out of 10. The treatment plan included electromyography and nerve conduction velocity test bilateral upper extremities, x-rays of the cervical spine, referral to a neurosurgeon due to "clinical cervical spine radiculopathy despite unremarkable magnetic resonance imaging" continuing home exercise and transcutaneous electrical nerve stimulator unit and medications (Norco and Lidopro cream). In a PR-2 dated 8-18-15, the injured worker presented with a two-day history of a very painful right

shoulder, rated 7 out of 10. Physical examination of the right shoulder revealed tenderness on palpation. The injured worker had had a Toradol injection six days prior and reported being "essentially" pain free for 4 days. The injured worker received a Toradol injection during the office visit. The treatment plan included continuing medications (Norco and Lidopro). On 9-4-15, Utilization Review noncertified a request for retro Lidopro cream 121gm. The medication list include Gabapentin, Soma, Norco and Lidopro cream The patient's surgical history include cervical fusion with hardware in 2013 and right shoulder surgery on 2/3/2012. The patient had used a TENS unit for this injury. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream 121gm (unspecified DOS): 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 rationale: Request: Retrospective Lidopro cream 121gm (unspecified DOS). Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." There was no evidence in the records provided that the pain is neuropathic in nature. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or lack of response of oral medications was not specified in the records provided. Per the cited guidelines, "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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Evidence of post herpetic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol, Lidocaine and Capsaicin is recommended by the CA, MTUS, and chronic pain treatment guidelines. The medical necessity of the request for Retrospective Lidopro cream 121gm (unspecified DOS) is not fully established in this patient.

