

Case Number:	CM15-0190406		
Date Assigned:	10/02/2015	Date of Injury:	05/08/2015
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, 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:

The injured worker is a 25 year old male, who sustained an industrial-work injury on 5-8-15. He reported initial complaints of right shoulder and neck pain with headaches. The injured worker was diagnosed as having right shoulder strain and cervical strain. Treatment to date has included medication. Currently, the injured worker complains of continued right shoulder and neck pain rated 8-9 out of 10. Per the primary physician's progress report (PR-2) on 8-19-15, exam noted positive Hawkin's test, decreased sensation to light touch to right C6 dermatome, and tenderness to palpation. Current plan of care includes proceed with MRI (magnetic resonance imaging) of c- spine and right shoulder, and continue medication. The Request for Authorization requested service to include Retro: LidoPro cream 121g DOS: 8/19/2015. The Utilization Review on 9-1-15 denied the request for Retro: LidoPro cream 121g DOS: 8/19/2015, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: LidoPro cream 121g DOS: 8/19/2015: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. There was no mention of reduction of oral opioids while on LidoPro. LidoPro as above is not medically necessary.