

Case Number:	CM15-0192035		
Date Assigned:	10/06/2015	Date of Injury:	07/10/2013
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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 47-year-old who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with an industrial injury of July 10, 2013. In Utilization Review reports dated September 24, 2015, the claims administrator failed to approve requests for topical LidoPro cream and oral Neurontin. A partial approval of Neurontin was issued, however. The claims administrator referenced an RFA form received on September 17, 2015 and an associated progress note dated September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, the applicant reported ongoing issues with depression, anxiety, and upper back, the latter of which were rated at 8/10. The applicant reported issues with lifting heavy articles. The applicant was asked to employ Wellbutrin at a heightened dose for depression. The applicant was not working, it was acknowledged. The applicant was apparently having some financial issues associated with paying her rent, it was stated in one section of the note. On September 9, 2015, the applicant reported ongoing complaints of shoulder pain status post a recent shoulder injection, 4/10. The applicant reported difficulty lifting and reaching overhead. The applicant had also undergone a cervical epidural steroid injection with no relief, it was reported. The applicant's medications included Neurontin, Lexapro, Flexeril, topical LidoPro, Prilosec, and oral Tylenol, it was reported. The applicant's diagnoses included bilateral shoulder impingement, trapezius pain, myofascial pain syndrome, sleep disturbance, depression, and temporomandibular joint disorder. The applicant was asked to continue Neurontin. A rather proscriptive 10-pound lifting limitation

was imposed. The attending provider stated that the applicant's medications were helping but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and - [DailyMeddaily.med.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec 1, 2012](http://DailyMeddaily.med.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Dec%201,%202012) -LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: No, the request for topical LidoPro cream was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous oral pharmaceuticals to include Flexeril, Tylenol, etc., as of the September 9, 2015 office visit at issue, effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, a September 9, 2015 progress note contained little-to-no discussion of medication efficacy. While the attending provider stated that the applicant's medications were helpful, the attending provider failed to outline meaningful, material, and/or substantive improvements in function achieved as a result of ongoing gabapentin usage. The attending provider's commentary to the effect that the applicant was not working, the fact that a rather proscriptive 10-pound lifting limitation was renewed on September 9, 2015, seemingly unchanged from prior visits, and the attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as lifting and reaching overhead, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

