

Case Number:	CM15-0192506		
Date Assigned:	10/07/2015	Date of Injury:	04/14/2014
Decision Date:	11/18/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina, Georgia

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 74 year old female, who sustained an industrial injury on 4-14-14. The injured worker is being treated for lumbosacral or thoracic neuritis, cervical degenerative disc disease, shoulder tendinitis and myofascial pain. Treatment to date has included activity modifications, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and cervical traction. On 8-18-15, the injured worker reports increased range of motion of right upper extremity with right shoulder pain and cramps in bilateral lower extremity. Physical exam performed on 8-18-15 revealed decreased range of motion of lumbar spine. On 8-18-15 a request for authorization was submitted for LidoPro cream 121gm. On 8-28-15 request for LidoPro cream 121gm was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld. Therefore, the request is not medically necessary.