

Case Number:	CM15-0193038		
Date Assigned:	10/07/2015	Date of Injury:	08/26/2014
Decision Date:	11/13/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 08-26-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for an abdominal hernia with residual pain, shoulder joint pain, cervical pain, myalgia and myositis (not otherwise specified), and strain and sprain of the neck. Medical records (03-27-2015 to 09-03-2015) indicate ongoing right shoulder, abdominal and chest pain. Pain levels were 8 out of 10 on a visual analog scale (VAS) and described as constant, aching, gnawing, sharp and throbbing. Pain was also reported to radiate to the left thigh, left knee, left leg and left foot. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-03-2015, revealed restricted range of motion (ROM) in the lumbar spine, tenderness to palpation over the lumbar paravertebral muscles with tenderness and tight muscle band on the right side, tenderness in the spinous process at C6 and C7, tenderness over the paracervical and trapezius muscles, restricted range of motion in the right shoulder, and localized tenderness in the left lower quadrant of the abdomen without rebound or shifting tenderness. Relevant treatments have included: hernia repair surgery (01-2015) without pain relief, physical therapy (PT) with no benefit, heat and cold therapy with benefit, chiropractic treatments with benefit, work restrictions, and pain medications. Current medications include Flexeril, Lidopro ointment, naproxen, pantoprazole, and Terocin patch. The request for authorization (09-03-2015) shows that the following medication was requested: Lidopro 4% ointment #1 tube. The original utilization review (09-24-2015) non-certified the request for Lidopro 4% ointment #1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment, one tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Lidoderm (lidocaine patch), Salicylate topicals, Topical Analgesics.

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro 4% ointment, one tube is not medically necessary and appropriate.