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| Case Number: | CM15-0199767 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 12/06/2010 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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, North Carolina
 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 62 year old male, who sustained an industrial injury on 12-6-10. The injured worker was diagnosed as having cervical spondylosis with radiculopathy, failed neck syndrome, and cervical myofascial pain. Treatment to date has included C4-6 medial branch blocks, C4-6 radiofrequency lesioning, and medication including LidoPro ointment, Ultram, Zanaflex, Cyclobenzaprine, Hydrocodone-Acetaminophen, Theramine, Naproxen, and Venlafaxine. Physical examination findings on 9-29-15 included reduced cervical range of motion, a positive Neer's test for the left shoulder, and a positive supraspinatus test. On 8-24-15, pain was rated as 7 of 10. The injured worker had been using Lidopro topical ointment since at least September 2015. On 9-29-15, the injured worker complained of pain in the left shoulder and left upper extremity rated as 7 of 10. The treating physician requested authorization for Lidopro 4.5%-27.5%-0.0325%-10% topical ointment x2 tubes. On 10-7-15 the request 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 4.5%-27.5%-0.0325%-10% topical ointment, 2 tubes: 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): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested compound contains Capsaicin, which is not recommended in this concentration. Methyl salicylate and menthol are recommended only for short-term use. Lidocaine is only recommended in the form of a Lidoderm patch, and not in compounded products. In addition, it is not clear that oral agents have failed which would require a topical agent. Therefore, the request is not medically necessary or appropriate.