MAXIMUS Federal Services

Case Number:	CM15-0208781		
Date Assigned:	10/27/2015	Date of Injury:	06/19/2014
Decision Date:	12/09/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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 62 year old female, who sustained an industrial injury on 6-19-2014. Medical records indicate the worker is undergoing treatment for right hip sprain-strain, right upper thigh sprain-strain and myofascial pain. A recent progress report dated 9-15-2015, reported the injured worker complained of right hip and right lower extremity pain rated 7-8 out of 10. Physical examination revealed right thigh tenderness. Treatment to date has included home exercise program, ice, physical therapy and medication management. On 9-15-2015, the Request for Authorization requested Lidopro topical ointment and a right hip ultrasound x3. On 9-28-2015, the Utilization Review non-certified the request for Lidopro topical ointment and a right hip ultrasound x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 120ml: 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: The current request is for LIDOPRO TOPICAL OINTMENT 120ML. The RFA is dated 09/15/15. Treatment to date has included home exercise program, TENS, ice, physical therapy and medication management. The patient may return to modified work. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. MTUS Chronic Pain Guidelines 2009, p111 and Topical Analgesics section, state: Lidocaine Indication: Neuropathic pain 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." Per report 09/15/15, the patient presents with right hip and right lower extremity pain rated 7-8 out of 10. Physical examination revealed right thigh tenderness. Current medications include Lidopro topical, and Naproxen. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion/gel/cream form, per MTUS. Therefore, the request IS NOT medically necessary.

Right hip ultrasound x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Hip and Pelvis Procedure Summary Online Version Last updated 08/20/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, under Ultrasound.

Decision rationale: The current request is for RIGHT HIP ULTRASOUND X 3. The RFA is dated 09/15/15. Treatment to date has included home exercise program, TENS, ice, physical therapy and medication management. The patient may return to modified work. ODG guidelines, under the Hip and Pelvis Chapter, regarding Ultrasound (Sonography) states: Recommended as indicated below. Ultrasonography does not play a significant role in the routine evaluation of hip fractures. However, although sonography demonstrates similar abnormalities of the soft tissues to MR, but MR imaging is able to demonstrate intraosseous and articular abnormalities and offers a better anatomic overview because of its larger field of view, whereas sonography offers dynamic evaluation and can provide real-time guidance for percutaneous procedures. Indications for diagnostic ultrasound: Scar tissue; Adhesions; Collagen fiber and muscle spasm; Need to extend muscle tissue or accelerate the soft tissue healing. Per report 09/15/15, the patient presents with right hip and right lower extremity pain rated 7-8 out of 10. Physical examination revealed right thigh tenderness. Under treatment plan the treater noted "RTC for ultrasound." The RFA dated 09/15/15 requests "RTC for ultrasound x3." There is no further discussion regarding this request. There is no indication of scar tissue, adhesions, collagen fiber and spasms, or any indication of need to extend muscle tissue or accelerate the soft tissue healing. The criteria, set forth by ODG, has not been met. The medical necessity has not been established; therefore, the request IS NOT medically necessary.