MAXIMUS Federal Services

Case Number:	CM15-0029118		
Date Assigned:	03/02/2015	Date of Injury:	10/26/2011
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 52 year old female, who sustained an industrial injury on October 26, 2011. The diagnoses have included cervical degenerative disc disease, shoulder sprain/strain and lumbar sprain/strain. Treatment to date has included physical therapy, left shoulder arthroscopy November 4, 2014. Currently, the injured worker complains of left shoulder pain and low back pain. In a progress note dated January 27, 2015, the treating provider reports range of motion of the lumbar spine is decreased, with spasms and left shoulder has decreased range of motion. On February 3, 2015 Utilization Review non-certified a Lipro 121gm, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 10/26/11 and presents with left shoulder pain and low back pain. The request is for LidoPro OINTMENT 121 GM. The RFA is dated 01/27/15 and the patient is to return to modified work duty. She has a decreased range of motion for the lumbar spine, tenderness to palpation over the paraspinal muscles, and spasm over the left thoracic spine. The left shoulder has a decreased range of motion with abduction. The patient is diagnosed with cervical degenerative disc disease, shoulder sprain/strain, and lumbar sprain/strain. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." The reason for the request is not provided. MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient in a non-patch form, the entire compound is not recommended. Therefore, the request of LidoPro lotion IS NOT medically necessary.