MAXIMUS Federal Services

Case Number:	CM15-0212513		
Date Assigned:	11/02/2015	Date of Injury:	06/13/2013
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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 55 year old male, who sustained an industrial injury on 6-13-2013. Diagnoses include cervical radiculitis, left rotator cuff tear, bilateral epicondylitis, bilateral De Quervain's tenosynovitis, and tension headache. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, and TENS unit. On 8-12-15, he complained of ongoing pain in the neck and left shoulder associated with burning sensation and headache. Pain control was noted with medication therapy, stretches from previous physical therapy sessions and TENS unit use. Medications prescribed for at least six months included Naproxen, Gabapentin, and LidoPro cream. There was no objective data regarding medication efficacy on functional ability. The physical examination documented decreased sensation to C5-6 on left side, positive Finkelstein's and tenderness bilaterally. The plan of care included LidoPro Cream 121 grams. The appeal requested authorization for LidoPro cream 121 ML. The Utilization Review dated 10-14-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121 ml: 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. The request is for LidoPro cream, which contains Lidocaine. Lidocaine is specifically only recommended in the formulation of the Lidoderm patch. All other creams, gels or lotions containing Lidocaine are not recommended. Therefore the request is not medically necessary or appropriate.