

Case Number:	CM15-0213396		
Date Assigned:	11/03/2015	Date of Injury:	03/18/2013
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: Arizona, California

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:

This 37 year old male sustained an industrial injury on 3-18-13. Documentation indicated that the injured worker was receiving treatment for left shoulder pain, low back pain with radiculitis, thigh pain and myofascial pain. Previous treatment included left shoulder surgery (October 2014), physical therapy, chiropractic therapy, injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 1-20-15, the injured worker complained of ongoing shoulder pain and a flare up of low back pain attributed to cold weather. Physical exam was remarkable for lumbar spine with "decreased" range of motion and left shoulder abduction 150 to 160 degrees. The treatment plan included postoperative physical therapy for the shoulder, continuing Naproxen Sodium, Omeprazole, home exercise and transcutaneous electrical nerve stimulator unit and a trial of Lidopro ointment. In a PR-2 dated 8-20-15, the injured worker complained of ongoing back pain. The injured worker wanted to return to the spine surgeon for evaluation. The injured worker reported that medications helped with pain by 30 to 40%, transcutaneous electrical nerve stimulator unit was helpful and that he had been performing home exercise. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit and continuing medications (Naproxen Sodium, Prilosec and Lidopro). On 9-29-15, Utilization Review noncertified a request for Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 g: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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 NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidopro is not recommended. The claimant was on LidoPro for several months in combination with oral NSAIDs. Topical NSAIDS can lead to systemic levels similar to oral NSAIDS. LidoPro as above is not medically necessary.