

Case Number:	CM15-0220003		
Date Assigned:	11/13/2015	Date of Injury:	04/30/2014
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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 48 year old female, who sustained an industrial injury on 4-30-14. The injured worker was diagnosed as having cervical sprain and myofascial pain. Subjective findings (4-22-15, 7-14-15 and 8-18-15) indicated constant neck and bilateral shoulder pain. The injured worker rated her pain 5-6 out of 10. Objective findings (4-22-15, 7-14-15 and 8-18-15) revealed painful and limited range of motion in the cervical spine and right shoulder. As of the PR2 dated 10-20-15, the injured worker reports continued pain in the neck and bilateral shoulders. She rated her pain 6 out of 10. Objective findings include tenderness to palpation over the cervical and thoracic spine. Current medications include Lyrica, Norco and LidoPro ointment (since at least 3-17-15). Treatment to date has included a home exercise program, a TENS unit and chiropractic treatments. The Utilization Review dated 10-30-15, non-certified the request for retro LidoPro ointment 120ml #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro topical ointment 120 ml #1: 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: The retrospective request is for Lidopro, which is composed of Lidocaine, menthol, methyl salicylate and capsaicin. 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. Menthol and methyl salicylate have no demonstrated In this case. Lidocaine is only recommended in the form of a Lidoderm patch and is not recommended in any other cream, lotion or gel. Capsaicin is only recommended when other medications have failed. Therefore the request is not medically necessary or appropriate.