

Case Number:	CM15-0042102		
Date Assigned:	03/12/2015	Date of Injury:	01/07/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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 37 year old male who sustained an industrial injury on January 7, 2013. He has reported an upper extremity injury and has been diagnosed with status post surgical, shoulder impingement, and rotator cuff syndrome. Treatment had included modified work duty, surgery, medications, and physical therapy. Currently the injured worker complains of a right upper extremity injury. The treatment plan included physical therapy and lidopro cream 121 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidpro Cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient was injured on 01/07/13 and presents with pain in his forearm and weakness in his right arm. The retrospective request is for LIDOPRO CREAM 121 GM. There is no RFA provided and the patient is on modified work duty. 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. 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, a non-patch form, the entire compound is not recommended. Therefore, the request of LidoPro Cream IS NOT medically necessary.