

Case Number:	CM15-0044679		
Date Assigned:	03/17/2015	Date of Injury:	03/07/2000
Decision Date:	04/17/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on March 7, 2000. He reported an injury to his right shoulder during a slip and fall. The injured worker was diagnosed as having a right scapular fracture. Treatment to date has included CT of the cervical spine, radiofrequency facet joint lesioning of the cervical spine, acupuncture with temporary relief, rhizotomies of C4-C7 which provided six months relief, trigger point injections which provided 3-4 months of relief, and epidural injections which provided minimal relief. His pain medications provided relief and allow him to function. He also has used ice therapy and TENS unit. Currently, the injured worker complains of neck pain, which is a constant aching pain that radiates up the head causing headaches and radiation into the bilateral shoulders. He rates the pain a 7 on a 10-point scale. He has a decreased range of motion in the neck and reports intermittent numbness and pins/needles in his bilateral hands. The treatment plan includes increase in Neurontin, Lidopro cream for neck paraspinals, Norco, trigger point injections, Anaprox and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Antiepilepsy Drugs; Topical Analgesics; Opioids - On going management; Antinflammatory medications; and Trigger Point Injections Page(s): 17,111, 78, 22, 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic neck and bilateral shoulder pain. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.