

Case Number:	CM15-0046686		
Date Assigned:	03/18/2015	Date of Injury:	03/26/2013
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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 60 year old female, who sustained an industrial injury on 03/26/2013. Initial complaints reported included falling on her right arm and sustaining superficial cuts. A week later the injured worker began experiencing weakness in the left lower extremity progressing to both lower extremities and both upper extremities, resulting in further evaluation of the cervical and lumbar spine. Treatment to date has included conservative care, medications, physical therapy, decompression surgery of the cervical spine, acupuncture, and multiple MRIs. Currently, the injured worker complains of pain that is improved with Lidopro cream. Current diagnoses include cervical spondylosis with myelopathy, spinal stenosis of the cervical region, and spinal stenosis status post cervical surgery on 01/10/2014. The physical therapy notes state that the injured worker reported gradual progression of weakness and that she did not feel that physical therapy was helping to provide much improvement. The treatment plan consisted of continued conservative care/therapy, continue medications including Lidopro cream, continue acupuncture, return to clinic in one week for ultrasound, and follow-up with primary treating physician in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 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 03/23/13 and presents with cervical spine pain. The request is for LIDOPRO CREAM. The RFA is dated 02/19/15 and the patient is to remain off of work till 03/19/15. The patient has been using LidoPro cream as early as 01/20/15. 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 requested LidoPro Cream IS NOT medically necessary.