

Case Number:	CM15-0048569		
Date Assigned:	03/20/2015	Date of Injury:	04/27/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey

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 65-year-old woman sustained an industrial injury on 4/27/2012. The mechanism of injury is not detailed. Diagnoses include chronic myofascial pain syndrome and right rotator cuff syndrome. The worker's condition is noted to have worsened. Treatment has included oral medications. Physician notes on a PR-2 dated 2/23/2015 show complaints of continued right shoulder pain. Recommendations include LidoPro, Naprosyn, Omeprazole, Flexeril, Neurontin and the prior requested surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, pp. 111-113, AND Capsaicin, topical, pp. 28-29.

Decision rationale: LidoPro is a combination topical analgesic, which contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines for Chronic Pain state that

topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The MTUS Chronic Pain Guidelines also state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, lidocaine was considered after Neurontin was insufficient at treating her neuropathic pain. However, the concentration of capsaicin in LidoPro (0.0325%) exceeds the recommended limit. Also, there was insufficient documentation showing medication reduction or pain reduction (measurable) and functional gain directly related to this combination topical analgesic product. Therefore, the LidoPro will be considered not medically necessary.