MAXIMUS Federal Services

Case Number:	CM15-0056139		
Date Assigned:	04/01/2015	Date of Injury:	01/07/2014
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 60-year-old who has filed a claim for chronic knee, shoulder, neck, elbow, and foot pain reportedly associated with an industrial injury of January 7, 2015. In a progress note dated March 23, 2015, the claims administrator failed to approve requests for cervical MRI imaging and LidoPro patches. A RFA form received on March 13, 2015 was referenced in the determination, as was the progress note dated March 3, 2015. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 3, 2015, difficult to follow, not entirely legible, cervical MRI imaging, shoulder MRI imaging, knee MRI imaging, LidoPro patches and Naprosyn were endorsed, along with Thermacare heat wraps. The applicant's work status was not furnished. Multifocal complaints of neck, shoulder, hand, and foot pain were evident. The applicant had 20 prior sessions of physical therapy and 10 sessions of acupuncture, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm-setid=ef3f3597-94b9, LidoPro (Lidoprocin) Topical Pain Relief Ointment Deep Penetrating Long Lasting Soothing Net WT 4 oz. (121 g).

Decision rationale: No, the request for topical LidoPro patches was not medically necessary, medically appropriate, or indicated here.LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first line of oral pharmaceuticals so as to justify introduction, selection and/or ongoing usage of the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

MRI of CS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182 does recommended MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical procedure or surgical intervention involving the cervical spine on or around the date in question, March 3, 2015. The handwritten progress note of that date was difficult to follow, not entirely legible, and did not clearly state for what purpose MRI imaging of the cervical spine had been espoused. The fact that MRI studies of multiple body parts, including the shoulder, knee, cervical spine, furthermore, significantly reduced the likelihood of the applicant's acting on the results of the any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.