

Case Number:	CM15-0056324		
Date Assigned:	04/01/2015	Date of Injury:	11/24/2009
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
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: 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 35 year old male who sustained an industrial injury on 11/24/09. The injured worker reported symptoms in the neck and back. The injured worker was diagnosed as having lumbar discogenic syndrome, cervicalgia/neck pain, status post hemilaminectomy and microdiscectomy. Treatments to date have included topical creams, transcutaneous electrical nerve stimulation unit, and status post hemilaminectomy and microdiscectomy. Currently, the injured worker complains of pain in the neck and back. The plan of care was for transcutaneous electrical nerve stimulation patch, medication prescriptions and a follow up appointment at a later date.

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.

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

Decision rationale: This patient presents with cervicalgia, lumbar discogenic syndrome and myofascial pain. The request is for LIDOPRO CREAM 121 gm on 2/11/05. The work status is not available. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Lidopro is a topical compound analgesic that including Capsaicin 0.0325%, Lidocaine HCL 4%, Menthol 10%, and Methyl Salicylate 27.5%. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Lidopro cream contains 0.0325% of capsaicin, which is not supported by MTUS. Therefore, the entire compound cream is not recommended. The request IS NOT medically necessary.

TENS patch x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: This patient presents with cervicalgia, lumbar discogenic syndrome and myofascial pain. The request is for TENS PATCH X2 on 2/11/05. The work status is not available. According to MTUS guideline page 116 supports the use of TENS unit for neuropathy, CRPS, MS, phantom limb pain, Spasticity, but not for other conditions. MTUS also require documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the treater does not discuss how this unit is being used with what benefit. There is no documentation of pain reduction with functional gains with the use of TENS. Furthermore, the patient does not present with any of the diagnoses for which TENS units would be indicated. The request IS NOT medically necessary.