

Case Number:	CM15-0056940		
Date Assigned:	04/01/2015	Date of Injury:	03/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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, Illinois

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 injured worker is a 39-year-old male, with a reported date of injury of 03/09/2012. The diagnoses include lumbar sprain/strain, myofascial pain, and left shoulder sprain/strain. Treatments to date have included a transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral medications, topical pain medication, The medical report dated 02/03/2015 indicates that the injured worker reported increased left shoulder pain. He rated the pain 5-6 out of 10. The pain was helped with ibuprofen. The objective findings include tenderness to palpation of the left shoulder supraspinatus. The treating physician requested Lidopro cream and transcutaneous electrical nerve stimulation (TENS) electrodes.

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.

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

Decision rationale: The injured worker sustained a work related injury on 03/09/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, myofascial pain, and left shoulder sprain/strain. Treatments have included transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral medications, topical pain medication. The medical records provided for review do not indicate a medical necessity for Lidopro cream 121gm. Lidopro is a topical analgesic containing capsaicin, lidocaine, menthol, methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The only recommended formulation of Lidocaine is Lidocaine patch. Dermal patch, no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The recommended formulation of Capsaicin is 0.025% or 0.075%. Menthol is not recommended.

TENS electrodes, quantity 2: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 03/09/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, myofascial pain, and left shoulder sprain/strain. Treatments have included transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, oral medications, topical pain medication. The medical records provided for review do not indicate a medical necessity for TENS electrodes, quantity 2. The MTUS recommends a month trial of rented TENS unit as an adjunct to an evidence based functional restoration, for the treatment of Neuropathic pain, Phantom limb pain, Complex regional pain syndrome II, spasticity, and multiple sclerosis after failed treatment with other modalities. The MTUS recommends documentation of specific short- and long-term goals of treatment with the TENS unit. There was no documentation of short and long term goals in the documents reviewed, neither was there documentation of benefit. There is no evidence the injured worker is involved in a functional restoration program. The request is not medically necessary.