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| Case Number: | CM15-0058476 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old female, who sustained an industrial injury on 06/05/2013. She has reported injury to the neck. The diagnoses have included chronic cervico-trapezial pain with radiation; right-sided occipital headaches; radicular cervical pain radiating to both upper extremities; and lower back pain. Treatment to date has included medications, diagnostic studies, trigger point injections, chiropractic, and physical therapy. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe cramping and occipital headaches frequently, at least 5 days per week; and the pain medication regimen, activity restriction, and rest allow her to complete the necessary activities of daily living. Objective findings included tenderness to the cervical spine, occiput, and posterior cervical muscles. The treatment plan has included the request for Lidopro 4%, Lidocaine 10%, Menthol 27.5%, Menthol-Salicylate 0.0325%, Capsacin 2 g #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4%, Lidocaine 10%, Menthol 27.5%, Menthol-Salicylate, 0.0325% Sapsacin, 2g #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Lidopro 4%, Lidocaine 10%, Menthol 27.5%, Menthol-Salicylate, 0.0325% Sapsacin, 2g #30 is not medically necessary.