

Case Number:	CM15-0059747		
Date Assigned:	04/06/2015	Date of Injury:	07/31/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 79-year-old female, who sustained an industrial injury on 7/31/11. The injured worker has complaints of low back and neck pain. The diagnoses have included cervical sprain/strain neck; cervical radiculitis; lumbar sprain/strain; lumbosacral or thoracic neuritis or radiculitis; myofascial pain and bilateral carpal tunnel syndrome. Treatment to date has included ultrasound therapy for relaxation of pain with good benefits; transcutaneous electrical nerve stimulation unit; heat therapy; lidopro topical patches for nerve pain and tramadol for moderate to severe pain. The request was for 15 lidopro patches dispensed on 3/5/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Lidopro patches dispensed on 3/5/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical, Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for neck and low back pain. Medications prescribed include gabapentin, Biofreeze gel, Methoderm gel, Tramadol, and LidoPro. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, topical lidocaine can be recommended for localized peripheral pain, but in a formulation that does not involve a dermal-patch system. Therefore, the prescribed LidoPro patch was not medically necessary.