

Case Number:	CM15-0060585		
Date Assigned:	04/06/2015	Date of Injury:	09/10/2009
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
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: Anesthesiology, 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 39 year old female patient who sustained an industrial injury on 09/10/2009. A primary treating office visit dated 03/03/2015 reported the patie deemed permanent and stationary in 11/2012. Pior treatment and or diagnostic testing to include, electronerve conduction study, magnetic resonance imaging, injections, durable medical equipment, transcutaneous nerve stimulator unit. There is also mention of body part (s) covered under claim. Continued recommendation for therapy with repeated denial. She is with subjective complaints of neck and low back pain. The following diagnoses are applied: discogenic cervical condition associated with headaches; impingement syndrome of right shoulder; sleep disorder, sexual dysfunction and depression secondary to chronic pain. The plan of care noted with recommendation to obtain a magnetic resonance imaging of right shoulder as well as injection to subcromial space on the right, neck traction, hot/cold wrap, urine screening and spine consultation. Prescribed this visit were Flexiril, Remeron, and Neurontin. She is found using Gabapentin, and Flexiril with some relief. She is currently not working. A follow up visit dated 08/07/2014 reported continues with neck and low back pain. She admits to spasm in the low back, bilateral leg, and the neck. The following diagnoses are applied: discogenic cervical condition associated with headaches; carpal tunnel syndrome, discogenic lumbar condition; and element of depression, sleep disorder, problem concentrating, sexual dysfunction and anxiety secondary to chronic pain. The plan of care involved Norco, Flexiril, Gabepentin, Remeron, and Protonix. Recommendation for an electric scooter, back brace, and return follow up visit on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: LidoPro cream 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.