

Case Number:	CM15-0082289		
Date Assigned:	05/04/2015	Date of Injury:	04/01/2007
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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, Hawaii
 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 46-year-old female, who sustained an industrial injury on 4/1/07. She reported low back and right shoulder pain. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbago, rotator cuff impingement and shoulder pain. Treatment to date has included oral medications, topical medications including LidoPro cream, physical therapy, right shoulder surgery and activity restrictions. Currently, the injured worker complains of worsening right shoulder pain rated 8/10 and low back pain; rated 9/10 without radiation. Physical exam noted tenderness to palpation of bilateral lumbar paraspinal muscles at L4-S1 with restricted range of motion and tenderness to palpation of right shoulder at anterior glenohumeral joint line. The treatment plan included requests for authorization for Nabumetone and LidoPro topical ointment and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, topical, Capsaicin, topical.

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

Decision rationale: The patient presents with constant aching low back pain, intermittent aching right shoulder pain and increased pain in the muscles of the right forearm. The current request is for Lidopro topical ointment with 1 refill. The treating physician states on 3/10/15 (74B), "LidoPro cream was prescribed to decrease utilization of oral pain medications, decrease pain, and improved function". MTUS Guidelines on topical analgesics (chronic pain section) state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. MTUS Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. MTUS further states regarding lidocaine topical analgesics, "Only FDA approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation, recommendation is for denial. Therefore, the request is not medically necessary.