

Case Number:	CM15-0082604		
Date Assigned:	05/05/2015	Date of Injury:	05/15/2013
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
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

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 57 year old female, who sustained an industrial injury on May 15, 2013. The injured worker was diagnosed as having pain in wrist joint, cervical degenerative disc disease, lumbar degenerative disc disease, shoulder joint pain, cervical radiculitis, and lumbosacral radiculitis. Treatment to date has included TENS, home exercise program (HEP), acupuncture, electrodiagnostic evaluation, MRIs, and medication. Currently, the injured worker complains of neck pain that radiates to upper extremities with numbness and tingling, right greater than left, with trapezius spasms, and feeling down with loss of interest. The Primary Treating Physician's report dated April 9, 2015, noted the injured worker reporting her medications maintained her functionality, helping about 30%. The injured worker was given Cyclobenzaprine for relaxing the muscles at night. The injured worker was noted to be taking Celexa from the psychiatrist. Acupuncture was noted to be mildly helpful. Physical examination was noted to show tenderness to palpation in the cervical and lumbar spine with muscle spasm/tightness in the cervical psm and trapezius, and decreased lumbar and cervical spine range of motion (ROM). The treatment plan was noted to include medication refills including Naproxen, Omeprazole, LidoPro ointment, and Gabapentin, with TENS patches and Cyclobenzaprine, continued use of TENS/self TPT unit and home exercise program (HEP), and request for acupuncture.

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 ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for LidoPro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested LidoPro is not medically necessary.