

Case Number:	CM15-0089808		
Date Assigned:	05/14/2015	Date of Injury:	11/12/2008
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58-year-old female with a November 12, 2008 date of injury. A progress note dated April 4, 2015 documents subjective findings (neck pain; lower back pain radiating to lower extremity; cramping in both legs), objective findings (tenderness to palpation of the lumbar paraspinal muscles; spasms in L3-S1 paraspinal muscles), and current diagnoses (carpal tunnel syndrome; contraction of the finger; shoulder sprain/strain; myofascial pain; thoracic or lumbosacral neuritis or radiculitis). Treatments to date have included medications, chiropractic treatment, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included Omeprazole, Cyclobenzaprine, Naproxen, Gabapentin, and Lidopro gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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). The FDA for neuropathic pain has designated Lidocaine for orphan status. Lidopro also contains topical NSAID - methyl salicylate which is indicated for short-term use for arthritis. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics is not recommended. The claimant had been on numerous oral analgesics as well previous topical Lidoderm. The request for continued topical Lidopro as above is not medically necessary.