

Case Number:	CM15-0239371		
Date Assigned:	12/16/2015	Date of Injury:	03/19/2010
Decision Date:	01/21/2016	UR Denial Date:	11/14/2015
Priority:	Standard	Application Received:	12/08/2015

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 57 year old male, who sustained an industrial injury on 3-19-2010. The injured worker is being treated for cervical discogenic syndrome, cervical sprain-strain, shoulder sprain-strain and myalgia. Comorbidities include hypertension. Treatment to date has included medications, TENS and home exercise. Per the Primary Treating Physician's Progress Report dated 10-24-2015, the injured worker presented for chronic pain in his neck and right shoulder. He rated his pain as 4 out of 10. He is using medication, gel, as needed, decreases pain by greater than 50% and denies side effects. Topical cream is very helpful for managing his pain and keeps his oral pain medications intake minimally. He denies new symptom since the last visit. Objective findings included tenderness to palpation the right trapezius and cervical paraspinal muscles. Work status was full-time. The plan of care included refills of medications, continuation of self-care, home exercise, TENS and follow-up care. Authorization was requested for Omeprazole 20mg #60 with 3 refills, LidoPro cream 121gm with 2 refills and Naproxen 550mg #60 with 3 refills. On 11-13-2015, Utilization Review non-certified the request for LidoPro cream 121gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gram cream refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific that only FDA/Guideline approved topical agents are recommended and that any compound that has unsupported agent(s) is not recommended. The Guidelines also recommend only approved formulations and strengths. If there is qualifying medical conditions for the use of topical Lidocaine the only Guideline supported formulation is Lidoderm patches. This is due to the frequency of severe and sometimes fatal side effects from Lidocaine creams that are strong enough to be effective. There are no unusual circumstances to justify an exception to Guidelines. The compounded Lidopro 121 gram cream refill 2 is not supported by Guidelines and is not medically necessary.