MAXIMUS Federal Services

Case Number:	CM14-0119499		
Date Assigned:	08/06/2014	Date of Injury:	12/12/2012
Decision Date:	09/26/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37 year old male who reported injury on 12/12/2012. The mechanism of injury was not provided. Diagnoses included cervical sprain/strain, shoulder sprain/strain, and myofascial pain. The past treatments included medications, chiropractic therapy, and transcutaneous electrical muscle stimulation. The progress note dated 06/20/2014, noted the injured worker complained of intermittent left shoulder pain rated 7/10. The physical exam revealed tenderness to palpation of the left shoulder. Medications included Tramadol/APAP 37.5/325mg #90 and Cyclobenzaprine 7.5mg #60. The treatment plan included recommendations to continue chiropractic therapy and medications. The requesting physician's rationale for the request is not indicated within the provided documentation. The Request for Authorization form was submitted for review on 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121gm (topical): Upheld

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

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

Decision rationale: The request for medication LidoPro ointment 121gm is not medically necessary. LidoPro cream contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. The California MTUS guidelines recommend Capsaicin in a 0.025% or 0.075% formulation as an option for patients who have not responded to other treatments or are intolerant of other treatments. Topical lidocaine in patch form (Lidoderm) is recommended for the treatment of Neuropathic pain; however, Lidocaine in the form of creams, lotions, or gels is not recommended. There is no evidence that the injured worker has been intolerant to or not responded to prior treatments. There is a lack of evidence to support the injured worker had neuropathic pain; therefore, the medication would not be indicated. The use of LidoPro is not supported; therefore, the request is not medically necessary.