

Case Number:	CM15-0112645		
Date Assigned:	06/19/2015	Date of Injury:	06/07/2007
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

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 6/7/2007. Diagnoses have included other internal derangement of knee, thoracic spondylosis, carpal tunnel syndrome, cervical radiculopathy and enthesopathy of wrist and carpus. Treatment to date has included physical therapy, a home exercise program, knee injections and medication. According to the progress report dated 5/1/2015, the injured worker complained of right shoulder pain and bilateral knee pain rated 7/10. She also complained of pain in her wrists. She reported that her pain was basically stable and controlled with her current medications. Exam of the thoracic spine revealed tenderness over the facet joints. Range of motion was restricted due to pain. The carpal tunnel compression test was positive on the left. Exam of the left knee showed effusion and tenderness. Authorization was requested for topical LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical LidoPro 4.5% 27.5% 0.0325% 10% 121 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury June 2007 and continues to be treated for right shoulder and bilateral wrist and knee pain. When seen, there was thoracic spine tenderness. There was a left knee joint effusion with joint line tenderness and positive apprehension and McMurray's testing. Tinel's testing was positive bilaterally and carpal compression testing and Phalen's testing was positive on the left side. MS Contin and LidoPro were prescribed. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.