

Case Number:	CM15-0113304		
Date Assigned:	06/19/2015	Date of Injury:	11/14/2013
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
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: 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 45 year old male who sustained an industrial injury on 11/14/13. The injured worker was diagnosed as having shoulder impingement, left shoulder tendinitis, cervical sprain/strain, thoracic sprain/strain, cervical radiculitis and myofascial pain. Currently, the injured worker was with complaints of neck and upper back discomfort. Previous treatments included medication management, home exercise program, physical therapy, ice/heat therapy and transcutaneous electrical nerve stimulation unit. Previous diagnostic studies included an electromyography. The injured workers pain level was noted as 8/10. Physical examination was notable for decreased sensation to light touch at C6-8 on the left side. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 grams: 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: LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, LidoPro topical is not medically necessary.