

Case Number:	CM15-0114246		
Date Assigned:	06/22/2015	Date of Injury:	09/29/2012
Decision Date:	07/22/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/12/2015

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

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 32 year old woman sustained an industrial injury on 9/29/2012. The mechanism of injury is not detailed. Diagnoses include neck pain, disorders of the bursae and tendons in shoulder, wrist sprain, and depressive disorder. Treatment has included oral medications. Physician notes dated 2/9/2015 show complaints of right shoulder, right wrist, and right hand pain rated 8-9/10 with radiation to the right arm with numbness, tingling, and weakness as well as depression. Recommendations include functional restoration program evaluation, Tramadol, Omeprazole, Mentherm, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LidoPro ointment 120gm for date of service 2/9/15: Upheld

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

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

Decision rationale: The patient presents on 02/09/15 with right shoulder pain rated 8-9/10, which radiates into the right arm, and associated numbness and weakness in the affected extremity. The patient's date of injury is 09/29/12. Patient has no documented surgical history directed at this complaint. The request is for RETROSPECTIVE LIDOPRO OINTMENT 120GM FOR DATE OF SERVICE 2/9/15. The RFA was not provided. Physical examination dated 02/09/15 reveals tenderness to palpation of the cervical paraspinal muscles on the right, superior trapezius, rhomboids, and cervical facet joints. Range of motion is limited to 50 degrees on rotation bilaterally, and examination of the right wrist reveals tenderness to palpation over the ulnar aspect. The patient is currently prescribed Tramadol, Omeprazole, and Menthoderm. Diagnostic imaging included cervical MRI dated 03/05/14, significant findings include: "Disc desiccation at C3-C4 down to C6-C7..." Patient is currently not working. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams p 111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The FDA for neuropathic pain has designated topical Lidocaine, in the formulation of a dermal patch Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine, whether creams, lotions or gels, are indicated for neuropathic pain." In regard to the request for a trial of Lidopro cream for this patient's chronic pain, the active ingredient in this cream, Lidocaine, is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. It is not clear how long this patient has been prescribed Lidopro ointment or to what effect. While this patient presents with significant neck and right upper extremity pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this form. Any compounded cream, which contains an unsupported ingredient, is not indicated. Therefore the request IS NOT medically necessary.