

Case Number:	CM15-0114828		
Date Assigned:	06/23/2015	Date of Injury:	04/24/2010
Decision Date:	07/23/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 is a 55 year old male who sustained an industrial injury on 04/24/2010. He reported an injury to the right shoulder. He also sustained an injury to the left shoulder on a later date. Treatment to date has included shoulder surgery, cortisone injections, 24 sessions of physical therapy, psychotherapy and medications. There was no documentation of trial of antidepressant or anticonvulsant medication. According to the most recent progress report submitted for review and dated 05/04/2015, the injured worker complained of right shoulder pain. Pain was rated 4 on a scale of 0-10. His condition was associated with joint stiffness, numbness, tingling and weakness. The injured worker reported that medications were helping. Medications were tolerated well. There was no evidence of medication dependency. With the current medication regimen, symptoms were adequately managed. The provider noted that the pain level had increased since the last visit. Current medication regimen included Pantoprazole, Tramadol, Cyclobenzaprine, LidoPro 4.5% ointment 4.5%-27.5%-0.0325%-10%, Lunesta and Omeprazole. Physical examination of the cervical spine showed motion was restricted with extension, right lateral bending and left lateral bending, but normal with flexion. Examination of the right shoulder demonstrated no swelling, deformity, joint asymmetry or atrophy. Movements were restricted with flexion limited to 150 degrees limited by pain, extension limited to 40 degrees, abduction limited to 140 degrees and adduction limited to 40 degrees limited by pain. Hawkins test was negative. Neer test was positive. Shoulder crossover test was positive. On palpation, tenderness was noted in the acromioclavicular joint, biceps groove, coracoid process and glenohumeral joint. Motor testing was limited by pain. Power of biceps, triceps, left shoulder

external rotation and left shoulder internal rotation on the left and right was 5/5. Light touch sensation was decreased over medial forearm on the left side. Sensation to pin prick was decreased over medial forearm on the left side. Diagnoses included pain in joint of shoulder, rotator cuff syndrome of shoulder and allied disorders and shoulder region disorders not elsewhere classified. The treatment plan included a follow up in 4 weeks, MRI of the right shoulder and appeal denial for right shoulder acupuncture. The provider noted that the injured worker had received previous conservative treatment without significant improvement, ongoing symptoms of pain and decrease in function. Work status was noted as modified duty, and it was noted that the injured worker was not currently working. Refill was requested for LidoPro 4.5% ointment 4.5%-27.5%-0.0325%-10%. Currently under review is the request for LidoPro 4.5% (4 percent Lidocaine, 10 percent Menthol 27.5 percent, Menthol-Salicylate 0.0325% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4.5 Percent (4 Percent Lidocaine, 10 Percent Menthol 27.5 Percent, Methyl-Salicylate .0325 Percent) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines lidocaine p. 56, salicylate topicals p. 104, topical analgesics p. 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of trial and failure of antidepressants or anticonvulsants. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. In addition, the site of application and directions for use were not specified. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may

cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. As this compound contains lidocaine in a form that is not recommended, the compound is not recommended. For this reason, and due to insufficiently specific prescription and lack of documentation of trial and failure of first line agents, the request for LidoPro is not medically necessary.