

Case Number:	CM15-0119424		
Date Assigned:	06/29/2015	Date of Injury:	11/03/2009
Decision Date:	08/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 11/3/2009 resulting in pain in the right paracervical and trapezius muscles, radiating down right arm, including tingling in the right forearm. The injured worker was diagnosed with cervical radiculopathy, cervical spine strain, and myofascial pain syndrome. Treatment has included medication, chiropractic treatments, home exercise, and acupuncture for which she reported some temporary relief. She also received cervical epidural steroid injections with pain relief. The injured worker continues to present with radiating pain and upper right extremity tingling. The treating physician's plan of care includes Lidopro. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro (Refill x 2): Upheld

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

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

Decision rationale: The request is for topical Lidopro, a formulation that includes Lidocaine, Methyl salicylate, menthol and capsaicin. According to the CA MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only commercially approved topical agent containing lidocaine that is approved is Lidoderm Patches. All other creams, lotions or gels containing lidocaine are not approved. In addition, there is no documentation in this case that oral agents are insufficient to manage symptoms. There is also no documentation of failure of first-line agents (antidepressants, anticonvulsants). In addition, the Capsaicin percentage in Lidoderm is excessive (0.0375%) according to MTUS guidelines. Therefore, the request is deemed not medically necessary or appropriate.