

Case Number:	CM15-0123277		
Date Assigned:	07/07/2015	Date of Injury:	03/14/2014
Decision Date:	07/31/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 3/14/2014. He reported sharp pain in his right knee; he subsequently slipped and felt pain in his left shoulder and left arm and also his right shoulder. Diagnoses have included osteoarthritis -other specified sites (bilateral knees), bicipital tenosynovitis and osteoarthritis-unspecified, bilateral shoulder region. Treatment to date has included physical therapy, shoulder injections, transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 6/18/2015, the injured worker complained of bilateral knee and bilateral shoulder pain. Bilateral knee pain was rated 5/10. Bilateral shoulder pain was rated 3/10. It was noted that pain levels reflected no oral pain medication intake that morning. Objective findings revealed an antalgic gait. Current medications included Naproxen, Omeprazole and LidoPro cream. Musculoskeletal exam was noted to be unchanged. Authorization was requested for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream 121 gm (retrospective dispensed 6/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Lidocaine topical.

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

Decision rationale: LidoPro cream 121 gm (retrospective dispensed 6/18/15) is not medically necessary per MTUS guidelines. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS which has menthol as well as contains salicylate topicals in it and is medically used per MTUS for chronic pain. Per MTUS guidelines 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. Furthermore, topical lidocaine is not recommended for chronic pain in cream, gel or lotion formulation. There are no extenuating circumstances to go against guideline recommendations. For these reasons, LidoPro cream is not medically necessary.