

Case Number:	CM15-0123325		
Date Assigned:	07/07/2015	Date of Injury:	10/20/2010
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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 34 year old female who sustained an industrial injury on 10/20/2010 when a patient fell on top of her. The injured worker was diagnosed with neck strain, lumbar strain, wrist sprain and chronic pain. The injured worker is status post carpal tunnel release in 2011. Treatment to date has included diagnostic testing with lumbar and cervical magnetic resonance imaging (MRI) and electro diagnostic studies in October 2014 and medications. No other therapies were documented. According to the primary treating physician's progress report on March 11, 2015, the injured worker continues to experience neck, back and bilateral hand pain. Examination demonstrated bilateral wrist pain out of proportion to light touch. There was pain throughout range of motion without anatomic distribution to it. There was full range of motion of the left wrist and hand with inconsistent pain with maneuvers. Examination of the neck shows excessive pain to light palpation with full range of motion of the cervical and lumbar spine. There is evidence of cogwheel rigidity and resistance to motion of her upper and lower extremities. Neurological examination and deep tendon reflexes are intact in the upper and lower extremities. Current medications are listed as anti-inflammatory medications. Treatment plan consists continuing with medication regimen and the current request for a left cervical transforaminal epidural steroid injection (ESI) at C5-C6 level and LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4%-27.5%-0.0325% topical ointment times two (2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals & Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: Lidopro 4%-27.5%-0.0325% topical ointment times two (2) is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that 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 that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay, which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin 0.0325% or Lidocaine in this case. For these reasons, LidoPro ointment is not medically necessary.