

Case Number:	CM15-0126314		
Date Assigned:	07/10/2015	Date of Injury:	12/25/2012
Decision Date:	08/06/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female who sustained an industrial injury on 12/25/2012. Mechanism of injury occurred when in her job as a firefighter she sustained an injury when wearing a self-contained waist strap that loosened and put all the weight on her right shoulder. Diagnoses include cervical disc disease, degenerative disc disease, cervical herniated nucleus, mild tendinosis of the supraspinatus and infraspinatus tendons without tear, fraying of the superior labrum and an early developing SLAP tear. Treatment to date has included diagnostic studies, medications, home traction device, cervical epidural injections, physical therapy, and home exercise. On 01/03/2015 a Magnetic Resonance Imaging of the cervical spine which reveals a 3mm central disc protrusion without central canal stenosis or foraminal narrowing at C3-4, and at C6-C7 there is disc osteophyte complex, 3mm board-based left paracentral disc protrusion and unciate and facet hypertrophy resulting in mild right sided and mid-to moderated left sided neural foraminal narrowing without central canal stenosis. On 12/16/2014 an Electromyography was done of the upper extremity was normal. Clinically, her symptoms ae suggestive of a C6 radiculopathy affecting the right arm, which could be difficult to detect on Electromyography when only the sensory fibers are damaged. A physician progress note dated 06/02/2015 documents the injured worker is using the Lidopro patches and have definitely minimized her shoulder and neck complaints and motion was much better in the shoulder with this visit and the cervical spine. A physician progress note dated 06/16/2015 documents increasing discomfort in her right shoulder. This was localized over the glenohumeral area both anteriorly and posteriorly and the pain is worse when abducting her right upper extremity. In a Magnetic Resonance Imaging of the right shoulder done 2 years ago revealed fraying of the superior labrum with an early developing SLAP tear. Treatment requested is for Retro 6/2/15 Lidopro Patches Qty: 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 6/2/15 Lidopro Patches Qty: 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated right shoulder and radiating neck pain. Treatments have included a cervical epidural injection, traction, and TENS. When seen, she was having right-sided cervical pain and right shoulder pain. There was no physical examination documented. Lidopro had been prescribed for her cervical spine and was now being prescribed for the shoulder as well. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, there is no documentation of a failure or intolerance of oral analgesic medication or single component topical treatments such as diclofenac or capsaicin. A patch formulation of lidocaine is not recommended or medically necessary. Therefore, LidoPro was not medically necessary.