

Case Number:	CM15-0173560		
Date Assigned:	09/15/2015	Date of Injury:	07/09/2013
Decision Date:	10/21/2015	UR Denial Date:	08/16/2015
Priority:	Standard	Application Received:	09/03/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 43 year old male who sustained an industrial injury on July 09, 2013. The doctors' first report of illness dated October 16, 2015 reported subjective complaint of neck, bilateral shoulder, facial pain. Treatment rendered involved chiropractic care. He was prescribed a regular work duty. He is currently not taking any medication. He was dispensed Naprosyn this visit. He will continue with home exercises. A recent primary treating visit dated July 31, 2015 reported subjective complaint of neck pain that is described as "sharp and radiating down bilateral shoulders." He continues with "left shoulder pain radiating down left arm with numbness and tingling along with weak grip of left hand." The diagnosis of headache noted added to the treating diagnoses. The plan of care noted initiating Gabapentin. There is recommendation to undergo nerve conduction study of upper extremity and obtain results of magnetic resonance imaging study of cervical spine and left shoulder; pending orthopedic surgeon and psychiatric consultation authorization. He is to continue with home exercises. There is note of discontinuing Naprosyn and start Tylenol ES; Flexeril also noted discontinued. Medical documentation provided noted on July 20, 2015 LidoPro cream prescribed. At primary follow up dated June 22, 2015, he was prescribed LidoPro cream topical pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro is not medically necessary.