

Case Number:	CM15-0060934		
Date Assigned:	04/07/2015	Date of Injury:	05/14/2013
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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:

This 49 year old woman sustained an industrial injury on 5/14/2013. The mechanism of injury is not detailed. Diagnoses include left shoulder joint derangement, lumbosacral/joint/ligament sprain/strain, myofascial pain, thoracic sprain/strain, and right side lumbosacral or thoracic neuritis or radiculitis. Treatment has included oral medications, home exercise program, TENS therapy, and ice. Physician notes on a PR-2 dated 2/25/2015 show complaints of mid to low back pain rated 4/10. Recommendations include LidoPro cream with hopes to wean off Tramadol and Cyclobenzaprine, refill Omeprazole, continue Tramadol for severe pain, Cyclobenzaprine as needed, Fenopren or Naproxen, controlled substance contract signed, continue home exercise program, replacement TENS unit, and functional capacity evaluation for thoracic and lumbar spine to determine potential return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121 Gram (4 Fl Oz): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

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

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for mid back and low back pain. When seen, pain was rated at 6/10. Her pain had increased and she was having more trouble sleeping. Medications included Tramadol. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. 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. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.