

Case Number:	CM15-0061329		
Date Assigned:	04/07/2015	Date of Injury:	10/22/2004
Decision Date:	05/11/2015	UR Denial Date:	03/18/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 10/22/04. She reported initial complaints of strain in the neck. The injured worker was diagnosed as having cervical spinal stenosis, brachial neuritis, cervical disc degeneration, cervicocranial syndrome, and lumbosacral neuritis. Treatment to date has included topical and oral medication, chiropractic care, and home exercises. Currently, the injured worker complains of intermittent aching neck pain increased on the right and headaches and reported as 6/10. Per the primary physician's progress report (PR-2) on 1/30/15 noted there was radiation of pain and numbness to the upper extremities in to the fingertips of both hands. There was also low back pain with bilateral lower extremity pain and numbness radiating to the groin and extending to her feet (R>L). Examination noted tenderness to palpation of the cervical and lumbar spine extending into the bilateral paraspinal region with decreased sensation in the L4-S1 dermatomes, the right tibialis anterior and extensor hallicus longus strength is 4+/5. There is decreased sensation in the right C6-8 dermatomes and bilateral wrist flexors are 4+/5. The requested treatments include Retrospective Lidopro Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Ointment, 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidopro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of Lidopro. Based on the above, retrospective request of Lidopro ointment is not medically necessary.