

Case Number:	CM15-0062649		
Date Assigned:	04/08/2015	Date of Injury:	12/23/2003
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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 59-year-old female, who sustained an industrial injury on 12/23/03. She reported initial complaints of right wrist. The injured worker was diagnosed, as had bilateral shoulder impingement syndrome; discogenic cervical condition; bilateral lateral epicondylitis. Treatment to date has included physical therapy; status post right wrist arthroscopy (7/11/05); status post ganglionectomy A1 pulley right third digit (1/23/06); status post long digit release right and release of A1 pulley thumb left (6/6/07); EMG/NCV bilateral upper extremities (9/16/09); MRI cervical spine (1/25/10). Currently, the PR-2 notes dated 3/12/15 the injured worker presented after two years as a follow-up for her neck and bilateral upper extremities with self-limitations. It is documented the injured worker has experienced multiple hand/digit surgeries. She does use hot/cold wraps as well as a TENs unit and neck pillow. An EMG/NCV study was normal in 2009. The treatment plan includes neck traction with air bladder, TENS unit and conductive garment and medication including Lidopro cream 1 bottle 121g that was denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 1 bottle 121 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream 1 bottle 121g is not medically necessary.