

Case Number:	CM15-0063314		
Date Assigned:	04/09/2015	Date of Injury:	09/06/2012
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 35 year old female who sustained an industrial injury on 09/06/12. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain and numbness in the left shoulder. Current diagnoses include myofascial pain syndrome and bilateral rotator cuff syndrome. In a progress note dated 02/24/15 the treating provider reports the plan of care as medications including Omeprazole, Flexeril, Neurontin, Voltaren, and LidoPro. The requested treatment is LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro #2: 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.

Decision rationale: Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidopro is compounded of capsaicin, lidocaine, menthol and methyl salicylate. Capsaicin is recommended only as an option in patients who have not responded to other treatments. There is no evidence based recommendations regarding topical application of menthol. In this case, the request for Lidopro is not medically appropriate and necessary.