MAXIMUS Federal Services

Case Number:	CM15-0064308		
Date Assigned:	04/10/2015	Date of Injury:	07/12/2011
Decision Date:	05/15/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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 38 year old male, who sustained an industrial injury on July 12, 2011. The injured worker was diagnosed as having myofascial pain syndrome, lumbar strain, right rotator cuff syndrome and left ankle pain. Treatment and diagnostic studies to date have included medication, magnetic resonance imaging (MRI), left knee meniscectomy, left shoulder arthroscopic decompression and surgical consult. Several documents within the submitted medical records are difficult to decipher. A progress note dated March 18, 2015 provides the injured worker complains of right shoulder pain, back and left ankle pain. Physical exam notes shoulder and ankle and foot tenderness. There is lumbar pain with numbness of the leg. The plan includes oral and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro times two (capsaloin, lidocaine hydrochloride, menthol and methyl salicylate ointment): topical anelgesic: 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 agents Page(s): 111-112.

Decision rationale: Topical analgesics are recommended for neuropathic pain with trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there is a lack of documentation to indicate the patient has failed a trial of antidepressants and anticonvulsants. The formulation also contains capsaicin which is not recommended. The request for LIDOPRO x 2 is not medically necessary and appropriate.