

Case Number:	CM15-0064323		
Date Assigned:	04/10/2015	Date of Injury:	09/14/2005
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 41 year old female sustained an industrial injury to the neck, back and left shoulder on 9/14/05. Previous treatment included magnetic resonance imaging, left shoulder surgery, cervical fusion, chiropractic therapy, physical therapy, acupuncture and medications. In the most recent PR-2 submitted for review, dated 2/10/15, the injured worker complained of increased tenderness around the upper trapezius, neck and shoulders as well as mid back pain with radiation down the left arm associated with a feeling of heaviness and cramping and low back pain along the hips with radiation to bilateral lower extremities. The injured worker rated her pain 6/10 on the visual analog scale. Current diagnoses included cervical myofascial strain with trigger points, thoracic myofascial strain, left medial epicondylitis, bilateral sacroiliitis, lumbar spine sprain/strain, left ulnar neuropathy, occipital neuralgia, left infraspinatus tear and left shoulder joint arthropathy. The treatment plan included medications (Naproxen sodium, Hydrocodone and LidoPro topical ointment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium/acetaminophen with Codeine/Lidopro ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 111-112.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Naproxen Sodium/acetaminophen with Codeine/Lidopro ointment #1 is not medically necessary.