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| Case Number: | CM15-0065968 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 06/17/2013 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 04/05/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: Family Practice

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 40 year old male, who sustained an industrial injury on 06/17/2013. He has reported subsequent neck, shoulder and upper arm pain and was diagnosed with postlaminectomy syndrome of the cervical spine and injury of the shoulder and upper arm. Treatment to date has included oral and topical pain medication, physical therapy and a home exercise program. In a progress note dated 03/13/2015, the injured worker complained of constant moderate to severe pain in the neck that was rated as 5-6/10. Objective findings were notable for tenderness of the neck and decreased sensation of the right 1st, 2nd, 3rd and 4th fingers. A request for authorization of Lidopro topical pain relief ointment was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment: 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): 111-113.

Decision rationale: This injured worker's date of injury is 06/17/2013. The patient receives treatment for chronic shoulder, arm and neck pain. The patient has postlaminectomy syndrome, having had neurosurgery of the cervical spine. This review addresses a request for a compounded topical analgesic preparation. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidopro ointment contains capsaicin 0.0325%, Lidocaine 4.5%, and methyl salicylate 27.5%. The remaining components are considered inert, in terms of any therapeutic effect. With regard to capsaicin, there are a few studies at the 0.025% strength that show some relief in treating osteoarthritis in the short term. This higher strength (0.0325%) is considered experimental and is not recommended. Lidocaine when used topically may be indicated for some cases of neuropathy, such as post-herpetic neuropathy, when used as a second-line agent in the form of the Lidoderm patch. Methylsalicylate is an NSAID. None of the NSAIDs are recommended to treat chronic pain in their topical form. This compounded topical analgesic ointment is not medically indicated.