

Case Number:	CM15-0066147		
Date Assigned:	04/13/2015	Date of Injury:	02/17/2009
Decision Date:	05/28/2015	UR Denial Date:	03/10/2015
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: Texas, New York, 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:

The applicant is a represented 58-year-old who has filed a claim for chronic shoulder, neck, and elbow pain reportedly associated with an industrial injury of February 17, 2009. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for LidoPro cream and TENS unit patches. A January 23, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant was placed off of work, on total temporary disability. Omeprazole, Neurontin, tramadol, and topical LidoPro ointment were continued. 8/10 neck, elbow, and shoulder pain were reported. The applicant was asked to continue usage of a TENS unit and associated patch. Repeat trigger point injections were proposed. In an earlier note dated January 20, 2015, the applicant was, once again, placed off of work, on total temporary disability, while omeprazole, Neurontin, tramadol, LidoPro ointment, and further trigger point injections were endorsed. 8/10 neck, low back, and shoulder pain were noted. The applicant was asked to employ Thera Cane massager device. A psychiatric follow-up visit was also sought while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidopro Cream 121gm #1, provided on date of service: 01/23/15:
 Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4% - DailyMeddaily.med.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid...b332...Feb 3, 2015 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: No, the request for LidoPro cream was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, one of the ingredients in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Neurontin, tramadol, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Retrospective request for TENS patch 2 pairs x2, provided on date of service: 01/23/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for TENS unit patches was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both "pain relief and function." Here, however, it did not appear that previous usage of the TENS unit had in fact generated significant improvements in either pain or function. The applicant continued to report pain complaints as high as 8/10 on office visits of January 23, 2015 and February 3, 2015. The applicant remained off of work, on total temporary disability, despite ongoing usage of the TENS unit. Ongoing usage of the TENS unit had failed to curtail the applicant's dependence on analgesic medications such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.