

Case Number:	CM15-0069123		
Date Assigned:	04/16/2015	Date of Injury:	02/06/2015
Decision Date:	05/19/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 was a 49-year-old female, who sustained an industrial injury, February 6, 2015. The injured worker previously received the following treatments Tylenol, ice and topical ointments and lumbar x-rays. The injured worker was diagnosed with lumbar radiculopathy and cervical radiculopathy. According to progress note of February 27, 2015, the injured workers chief complaint was left shoulder which extended up to the left side of the neck and low back pain with pain in the bilateral lower extremities right greater than the left. The injured worker was experiencing numbness and tingling in the left hand. Prolonged standing, repetitive bending, repetitive use of both upper extremities and heavy lifting up to 40 pounds and working up to 8-12 hours per day aggravated the pain. The injured worker rated the pain 9 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted there was decreased range of motion to the left shoulder. The straight leg raises were positive bilaterally. The slump test was positive on the left. Spurling's test was positive on the right with pain to the shoulder. There was tenderness with palpation noted over the left shoulder and decreased range of motion. The treatment plan included LidoPro Ointment and applicator.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment/applicator #1: 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 Lidocaine Page(s): 111-113.

Decision rationale: LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29, the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, LidoPro topical and the request for applicator are not medically necessary.