

Case Number:	CM15-0072312		
Date Assigned:	05/15/2015	Date of Injury:	09/19/2013
Decision Date:	06/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male who sustained an industrial injury on 09/19/13. Initial complaints and diagnoses are not available. Treatments to date include medications, heat therapy, and a TENS unit. Diagnostic studies are not addressed. Current complaints include left shoulder, left knee and low back pain. Current diagnoses include lumbosacral/joint/ligament strain/sprain, left shoulder strain, and left knee sprain/strain. In a progress note dated 03/03/15 the treating provider reports the plan of care as medications including naproxen, cyclobenzaprine, omeprazole, and LidoPro cream, as well as heat therapy and TENs unit. Also planned are a left shoulder arthroscopy and physical therapy. The requested treatment is LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LidoPro cream 121gm, #1 (DOS: 3/3/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs); Lidocaine Indication; Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with current complaints that include left shoulder, left knee and low back pain. Current diagnoses include lumbosacral/joint/ligament strain/sprain, left shoulder strain, and left knee sprain/strain. The current request is for Retrospective LidoPro cream 121 gm, #1 (DOS: 3/3/15). In the treating report dated 3/3/15 (18B), the physician states, LidoPro cream #1 for non-pharmaceutical pain control for L shoulder, L knee and lumbar spine. MTUS Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". LidoPro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS further states regarding lidocaine topical analgesics, "Only FDA approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation, recommendation is not medically necessary.