

Case Number:	CM15-0076393		
Date Assigned:	04/28/2015	Date of Injury:	07/01/1999
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

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 is a 65 year old female patient who sustained an industrial injury on 07/01/1999. A primary treating office visit dated 10/23/2014 reported the patient with subjective complaint of chronic back pain. The pain is noted as constant and interrupts sleep. She is also with complaint of bilateral shoulder pain, and is requesting medication refills. She reports continued pain in her neck and shoulders with associated numbness/tingling to some of her left hand digits. She would like to avoid invasive treatment. She continues to utilize the transcutaneous nerve stimulator unit; along with Menthoderm with benefit. The following diagnoses are applied: cervical degenerative disc disease; headache; lumbar degenerative disc disease; rotator cuff tear, status post-surgery; myofascial pain; gastritis; post-operative chronic pain; and a shoulder injury. The plan of care involved: continuing with current medications, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121 gm Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. When seen, she was having neck and bilateral shoulder pain rated at 9/10. There was decreased cervical and shoulder range of motion with cervical tenderness and increased muscle tone. Medications also included Fenoprofen taken as needed. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication and the claimant is also being prescribed Fenoprofen which is duplicative. Therefore, LidoPro was not medically necessary.