

Case Number:	CM15-0076470		
Date Assigned:	04/28/2015	Date of Injury:	10/27/2014
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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, North Carolina
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 37 year old male, who sustained an industrial injury on 10/27/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical radiculitis, left shoulder sprain/strain, gastritis/ulcer, right shoulder sprain/strain, left elbow with possible ulnar neuropathy, lumbar sprain/strain, lumbosacral or thoracic neuritis, and myofascial pain. Treatment to date has included use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging, electromyogram with nerve conduction velocity, and medication regimen. In a progress note dated 03/09/2015 the treating physician reports complaints of pain to the neck, bilateral shoulders, and bilateral upper extremities with associated symptoms of third, fourth, and fifth digit numbness and headaches. The injured worker rates the pain level an eight. The treating physician requested a trial of Lidopro Cream 121gm, but the documentation provided did not indicate the specific reason for this requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm, unspecified quantity: 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 Topical analgesics Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-epilepsy drugs have failed. In this patient, there is no evidence of trial and failure of these medications (AD and AEDs). In addition, any compounded product that contains at least one drug that is not recommended is not recommended. LidoPro contains capsaicin, lidocaine, menthol and methyl salicylate. Capsaicin is recommended only in patients who have not responded to other treatments. Lidocaine is only recommended in the form of monotherapy as the Lidoderm patch. Menthol and methyl salicylate have no demonstrated therapeutic benefit. Therefore the request is not medically necessary.