

Case Number:	CM15-0077992		
Date Assigned:	04/29/2015	Date of Injury:	10/15/2009
Decision Date:	05/28/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 64-year-old male, who sustained an industrial/work injury on 10/15/09. He reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having chronic back and neck pain, right shoulder impingement, soft tissue mass of unknown etiology, left anterior chest/sternal pain with costochondritis, lumbar radiculopathy, herniated nucleus pulposus of the lumbar spine with stenosis, degenerative disc disease with facet arthropathy and retrolisthesis at C4-5, an d canal stenosis C3-7 and neural foraminal narrowing C2-7. Treatment to date has included medication, diagnostics, acupuncture, and chiropractic care. Currently, the injured worker complains of aching neck pain rated 8/10 with radiation of numbness to the bilateral upper extremities to the hands. There was low back pain rated 7-8/10 with radiation of numbness to the bilateral lower limbs extending to the toes. Per the primary physician's progress report (PR-2) on 3/16/15, examination revealed ambulation with a cane, tenderness to palpation to the cervical paraspinals, decreased range of motion, decreased sensation to left C5-7 dermatomes. Motor exam was 4+/5 left deltoids, biceps, internal and external rotators, wrist extensors and flexors limited by pain, positive Hoffman's and Spurling's sign. The requested treatments include Lidopro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Lidopro is a combination of capsaicin / lidocaine / menthol / methyl salicylate. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical lidopro in this injured worker, the records do not provide clinical evidence to support medical necessity. The requested treatment is not medically necessary.