

Case Number:	CM15-0091547		
Date Assigned:	08/25/2015	Date of Injury:	05/20/2011
Decision Date:	09/21/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 27 year old male who sustained a work related injury May 20, 2011. According to a primary treating physician's progress report, dated March 17, 2015, the injured worker presented with continued neck pain and low back pain, rated 5 out of 10, with numbness and tingling intermittently. He reports, medication helps with pain approximately 60-70%. Objective findings included; tenderness to palpation in the cervical and lumbar spine; myofascial pain; negative hepatosplenomegaly. Diagnoses are cervical degenerative disc disease; thoracic sprain strain; lumbar degenerative disc disease; rotator cuff syndrome; lumbar radiculopathy; elevated LFT (liver function test). Treatment plan included to continue use of moist heat therapy and hot tub, and at issue, a request for authorization for Lidopro Cream 121gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Additionally, there are evidence-based published articles noting that topical treatment of medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure or as noted here with elevated liver function. The Lidopro Cream 121 gm is not medically necessary and appropriate.