

Case Number:	CM13-0048663		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2012
Decision Date:	03/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old female patient with cumulative trauma injury to her right shoulder. Treatment has included: date: right shoulder manipulation under anesthesia on 4/27/12 with post op PT x 12 visits, a MRI of the right shoulder, right shoulder subacromial decompression and arthroscopic rotator cuff tear repair on 10/9/12 with post op Physical therapy x 24 visits, a cortisone injection/stellate ganglion block with additional Physical therapy visits x 8. There are requests for Lidocaine ointment 5% 102 g 4x/day 100g with one refill, Stellate ganglion blocks right side x 2, left side x 2 (4 total) and physical therapy x 8 to shoulders. A 4/22/13 medical report states that the patient has right shoulder pain radiating to the right upper arm and right elbow, left shoulder pain, left arm, and left upper extremity pain. Examination revealed tenderness to palpation of right shoulder and right arm, restricted right shoulder and cervical ranges of motion, positive right shoulder Neer's and Scaption's. Right arm was 1 degree warmer than the left. There was right shoulder allodynia and hyperalgesia. An 8/12/13 Examination by an orthopedic surgeon states that patient's physical exam reveals bilaterally a complex regional pain syndrome with severe limitation of motion but only about 90 degrees of forward flexion with pain and no external rotation. The diagnosis at this visit was -severe bilateral frozen shoulders and findings consistent with complex regional pain syndrome without much improvement with treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5% 102 g 4 times a day, 100 g with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 112.

Decision rationale: Lidocaine ointment 5% 102 g 4x/day 100g with one refill is not medically necessary according to the MTUS guidelines. The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines also do not recommend Lidocaine in a topical formulation such as a cream, lotion, or gel for neuropathic pain.

Stellate Ganglion Blocks right side 2 times, left side 2 times (4 total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Regional Pain Syndrome, diagnostic criteria and Regional sympathetic blocks (stellate ga.

Decision rationale: Stellate ganglion blocks right side x 2, left side x2 (4 total) is not medically necessary according to the MTUS guidelines. The documentation submitted after the employee's last stellate ganglion block does not demonstrate on physical exam that the employee meets the MTUS criteria for CRPS for either the right or left upper extremity. Furthermore, the MTUS guidelines indicate that there is limited evidence to support this procedure. For these reasons a stellate ganglion block right side x 2, left side x2 (4 total) is not medically necessary