

Case Number:	CM13-0058615		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2010
Decision Date:	05/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/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:

Patient is a 43 year old, with date of injury 08/17/10. Per progress report 11/11/13, the patient has left shoulder, neck and low back pain. The documented diagnosis includes: 1. Degenerative disc disease, arthropathy and retrolisthesis C4-5. 2. Canal stenosis C3-4 mild to moderate, C4-5 moderate, C5-6, moderate, and C6-7 mild canal stenosis. 3. Neural foraminal narrowing includes C4-5 moderate right neural foraminal narrowing. 4. Lumbar radiculopathy, per EMG. 5. Multiple HNP, lumbar spine. 6. Right shoulder subacromial impingement and bursitis, 7. Cervical radiculopathy. 8. (NSAID) non-steroidal anti-inflammatory drugs induced gastritis. 9. Plantar fasciitis on right. 10. Status post left shoulder surgery by ██████████ 09/25/13. Utilization review letter disputed is dated 11/04/13. Reports included in the file were progress reports from 07/30/13 to 10/04/13 and therapy notes from 10/14/13 to 10/31/13. Operative report left shoulder 09/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 to 56.

Decision rationale: This patient presents with left shoulder pain and is status/post shoulder surgery from 9/25/13. The request is for LidoPro topical ointment 4oz. Per MTUS Chronic Pain Medical Treatment Guidelines page 56 to 56, "Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS further states that Lidocaine is only approved for patch formulation and not for cream, ointment or other formulation. The request for Lidopro topical ointment 4oz. is not medically necessary.