

Case Number:	CM13-0058977		
Date Assigned:	04/25/2014	Date of Injury:	08/18/2008
Decision Date:	06/11/2014	UR Denial Date:	10/30/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 61 year old male presenting chronic pain following a work-related injury on August 18, 2008. The claimant reported left elbow and shoulder pain rated a 7 out of 10. The physical exam on May 22, 2013 revealed reduced left shoulder range of motion and tenderness to palpation over the left trapezius, parascapular muscles, and over the left lateral epicondyle. MRI of the left shoulder on December 13, 2011 showed evidence of a full thickness tear. The claimant was diagnosed with elbow tenosynovitis, cervicgia, left shoulder joint pain and history of diabetes. The claimant was treated with topical analgesics (Terrace seen), transcutaneous electrical nerve stimulation (TENS), home exercise and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LIDOPRO OINTMENT 121GM: Upheld

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

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

Decision rationale: One prescription of Lidopro Ointment 121 grams is not medically necessary. Lidopro contains Lidocaine, Capsaicin, Menthol and Methyl Salicylate. According to

California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled 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". Additionally, Per California MTUS page 111 states that topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per California MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Also in regards to the other components of the compounded ointment, methyl salicylate, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore the requested compounded topical ointment is not medically necessary.

1 TRIGGER POINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 105.

Decision rationale: One trigger point injection is not medically necessary. Per California MTUS guidelines "Trigger point injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area to be treated with a trigger point; therefore the requested service is not medically necessary.