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| Case Number: | CM13-0070777 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 03/01/2009 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Orthopedic Surgery 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:

The claimant is a 56 year old female injured in a work related accident on March 1, 2009. The current records include a progress report by [REDACTED] dated December 5, 2013 indicating intermittent complaints of continued shoulder pain. It states that currently she is utilizing a Lidopro cream topically; she describes some spasm with numbness and tingling to the digits. The physical examination showed 160 degrees of forward flexion. Her working diagnosis was left shoulder impingement syndrome status post multiple prior surgical interventions. The current recommendation was for continued use of LidoPro cream in the topical setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS Chronic Pain Guidelines would not support the continued use of Lidopro cream. This topical agent contains Lidoderm and Capsaicin both of these agents are only recommended for secondary use where

more relative first line agents have failed. It is indicated that LidoPro contains Capsaicin in a dosage of 0.0325 percent. The guideline criteria only recommend the role of Capsaicin up to dosages of 0.025 percent. This would exceed the guideline criteria and thus would not support the agent as a whole. The specific continued use of this agent would not be deemed medically necessary.