

Case Number:	CM14-0003694		
Date Assigned:	02/03/2014	Date of Injury:	03/27/2013
Decision Date:	06/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 patient is a 42 year old female who had a date of work injury 3/27/13. Her diagnoses includes degenerative disc disease with cervical radiculopathy, bilateral shoulder impingement syndrome with right rotator cuff tear, gastropathy, and anxiety reaction, chronic bilateral wrist sprain/tenosynovitis. There is a request for the medical necessity of Keto/Lido for right shoulder and cervical strain. There is a 5/16/13 right shoulder MRI that reveals a focal approximately 1 cm full thickness tear of the distal supraspinatus tendon and a small fluid accumulation in the subacromial/subdeltoid Bursa compatible with a bursitis - clinically correlate. There is an 8/15/13 orthopedic secondary treating physician report which states that the patient has bilateral shoulder (left worse than right), bilateral wrist (right worse than left), and left elbow pain. She is taking Ibuprofen for pain. There is mild anterolateral shoulder pain left worse than right. The left shoulder has decreased range of motion. There is a positive left Spurling test. There is normal elbow range of motion. There is tenderness on the dorsum of the right wrist. Muscle strength is 5/5 bilaterally, with normal light touch sensation. There is a request for an MRI of the left wrist and a recommendation that the patient continue follow up with a spine specialist. A 12/5/13 comprehensive treatment progress report indicates that the patient has bilateral shoulder, bilateral wrist pain, bilateral cervical spine, insomnia, depression and anxiety. The treatment plan states that in regard to gastric issues and internal medicine issues, authorization is requested to send the patient to an internist to determine if these are related to taking pain medication. A 1/20/14 document indicates that the patient is on Omeprazole for medication induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECIAL SERVICE/PROC/REPORT KETO/LIDO FOR RIGHT SHOULDER AND CERVICAL STRAIN: 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: (Special service/proc/report) Keto/Lido for right shoulder and cervical strain is not medically necessary per the MTUS Chronic Pain Treatment Guidelines. The guidelines state that topical agents are largely experimental. Additionally the guidelines state that there are no commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) indicated for neuropathic pain. The MTUS guidelines state that Ketoprofen topical agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Although the documentation indicates the patient has medication induced gastropathy there is no evidence of intolerance to oral medications and due to the MTUS not recommending these topical agents the request for Keto/Lido is not medically necessary for right shoulder and cervical strain.