

Case Number:	CM14-0108517		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2011
Decision Date:	10/21/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, Has A Subspecialty In Pain Medicine And Is Licensed To Practice In Florida. 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 injured worker is a 60-year-old male who reported an injury on 06/09/2011. The injury reportedly occurred when the injured worker was assisting a customer with a purchase, when he lifted an electrical panel with a television. When he went to plug in the television, it slipped from his hands. In an attempt to keep the television from falling, he held onto the television and felt a pop in his left shoulder. The injured worker's diagnosis included status post left shoulder surgery. The injured worker's past treatments included physical therapy, acupuncture treatment, a cortisone injection, and medications. The injured worker's diagnostic testing included x-rays and MRI of the left shoulder obtained in 10/2011. His surgical history included an arthroscopic surgery to his left shoulder on 08/15/2013. On 03/28/2014, the injured worker complained of right shoulder pain and tenderness. He also complained of headaches and neck pain. Upon physical examination, the injured worker was noted with improved range of motion, but still quite limited. His range of motion was decreased by 20%. He was noted to have a positive impingement maneuver and positive Neer's sign. The injured worker's medications included oral anti-inflammatories, analgesic medications, and a 30 day supply of transdermal. The request was for Xolindo (lidocaine) 2% cream. The rationale for the request was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolindo (Lidocaine) 2 percent Cream: Upheld

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

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

Decision rationale: The request for Xolindo (lidocaine) 2% cream is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine may be indicated for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm has no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. The injured worker was noted to have continued pain in his shoulder, headaches, and neck pain. The documentation did not provide a complete and thorough quantified pain evaluation or provide documentation of the efficacy of the medication for the patient. In the absence of documentation with evidence of a thorough pain evaluation and significant objective functional deficits, the request is not supported. Additionally, the guidelines state that there are no other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels indicated for neuropathic pain. Furthermore, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.