MAXIMUS Federal Services

Case Number:	CM14-0180561		
Date Assigned:	11/05/2014	Date of Injury:	12/29/2004
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 & 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:

The patient is a 65-year-old male with a date of injury of 12/29/2004. The listed diagnoses per [redacted] are:1.Left shoulder adhesive capsulitis and bilateral shoulder impingement syndrome.2.Left brachial plexopathy with diffuse sensory involvement of the left upper extremity and motor deficits involving left hand grip and interosseous motor testing.3.Migraine headaches.4.Industrial-related depression and anxiety.5.Relevant history of GERD and Barrett's esophagus.6.Right partial rotator cuff tears.7.Right carpal tunnel syndrome, status post carpal tunnel release.8.Right lateral epicondylitis, resolving.According to progress report, 09/17/2014, patient presents with continued right shoulder pain. The patient is avoiding conventional anti-inflammatory medications due to his history of GERD and Barrett's esophagus. Examination of the right shoulder noted positive impingement sign. Supraspinatus motor testing and cross abduction testing were negative in the right shoulder. Range of motion was limited with noted pain. There is some slight tenderness at the right lateral epicondyle. Treater states the patient would like to manage his pain without opioid medications. Request is for topical compound cream. Utilization review denied the request on 10/14/2014. Treatment reports from 05/30/2014 through 09/17/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream: Meloxicam, Lamotrigine, Lidocaine, Prilocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams chronic pain section):Topical Analgesics.

Decision rationale: This patient presents with right wrist and bilateral shoulder complaints. Treater is requesting a topical cream: meloxicam, lamotrigine, lidocaine, and prilocaine. The MTUS guidelines page 112 on topical lidocaine states, "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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidodermis also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states, "any compounded product that contains at least one drug (or drugclass) that is not recommended is not recommended." MTUS guidelines do not allow any other formulation of Lidocaine other than in a patch form. In this case, guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Therefore, the request is not medically necessary.