MAXIMUS Federal Services

Case Number:	CM14-0181569		
Date Assigned:	11/06/2014	Date of Injury:	08/06/2002
Decision Date:	12/11/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 68 year old female with an injury date on 08/06/2002. Based on the 08/07/2014 progress report provided by [redacted] the diagnoses are:1. Bilateral knee arthritis.2. Status post left shoulder rotator cuff repair; possible recurrent tear.3. Status post right shoulder rotator cuff repair; with possible recurrent tear.4. Morbid obesity.According to this report, the patient present with "improvement in her left shoulder pain, attributing this to the cortisone injection at her last visit and the topical compound sample that she received." Physical exam reveals weakness elicited when testing the supraspinatus tendon against resistance, bilaterally. Tenderness is noted along the medial and lateral joint lines of the bilateral knees. There is subpatella crepitation with range of motion and pain with deep flexion. There were no other significant findings noted on this report. The utilization review denied the request on10/17/2014. [redacted] is the requesting provider and he provided treatment reports from 06/05/2014 to 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, Flurbiprofen 20% Cream, 120 gm times 2 refills: 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 Cream Page(s): 111-113.

Decision rationale: According to the 08/07/2014 report by [redacted] this patient presents with improving left shoulder pain. The treater is requesting Lidocaine 5%, Flurbiprofen 20% Cream, 120gm times 2 refills. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. In this case, Lidocaine is not recommended in any formulation other than in a patch formulation; therefore, the request is not medically necessary.