

Case Number:	CM14-0021062		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2008
Decision Date:	06/24/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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:

This is a 59 year old female patient who sustained injury on Apr 2008 and was diagnosed with my ofascial pain , carpal tunnel syndrome , pain in upper and lower extremities. On Oct 18 2013,She was by a nurse praction, [REDACTED], and was prescribed lidopro cream, tramadol, naproxen and theracane. The patient was noted to have issues with bilateral shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT (CAPSAICIN, LIDOCAINE, MENTHOL, AND METHYL SALICYLATE) 4OZ: 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINE Page(s): 105,111,112.

Decision rationale: This patient had shoulder pain and there is little evidence to suggest that topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) can be utilized for treatment of osteoarthritis of the spine, hip or shoulder. Topical medications can be tried once antidepressants and anticonvulsants have been tried and failed. This was not evidence by the documentation provided. Therefore, the request is not medically necessary and appropriate.

