

Case Number:	CM14-0022531		
Date Assigned:	05/09/2014	Date of Injury:	09/13/2005
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/21/2014

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 and is licensed to practice in California, Pennsylvania and Ohio. 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 underlying date of injury in this case is 09/13/2005. The patient's primary diagnosis is a rotator cuff injury. The primary treating physician submitted a document of first report dated 12/20/2013. This physician outlined the patient's treatment history with diagnoses including status post right shoulder arthroscopic surgery, right shoulder subacromial bursitis and impingement, right elbow arthralgia, and multilevel cervical disc herniations. The treating provider recommended treatment plans which included acupuncture, Ketoprofen, and also LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss topical analgesics on page 111. This guideline states that the use of topical analgesics requires documentation of the specific rationale and proposed

mechanism of action of each component medication. The medical records do not contain such detail at this time. Moreover, this medication contains capsaicin in a concentration higher than that recommended in the treatment guidelines. Overall the medical records and guidelines do not support the request for LidoPro. This request is not medically necessary.