

Case Number:	CM14-0032796		
Date Assigned:	06/20/2014	Date of Injury:	03/26/2012
Decision Date:	08/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 female who was injured on March 26, 2012 in her left shoulder and right elbow by opening and closing and moving ammo boxes at work. According to her treating physician, the first imaging study on July 12, 2012 showed adhesive capsulitis, acromioclavicular disc disease and rotator cuff calcific tendinitis. She did not improve with injection, pain medication and physical therapy. A magnetic resonance imaging test on Sept 9, 2012 then showed a complete tear of the supraspinatus tendon and acromioclavicular joint osteoarthritis. A magnetic resonance imaging test on November 7, 2012 read as tendinitis of supraspinatus and infraspinatus, acromioclavicular joint osteoarthritis, and edema. He performed an injection and recommended shoulder surgery. The injured worker was placed on temporary total disability, awaiting shoulder surgery. In a follow-up, the treating physician prescribed Lido Pro topical ointment and Tramadol. The injured worker has received relief with Tramadol from 8/10 pain to 2/10 pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical analgesics.

Decision rationale: The injured worker is awaiting shoulder surgery for rotator cuff tear. She has relief from pain with oral analgesics. She does not have pain throughout her nervous system. There are indications for pain patches after use of a trial of first-line medications (such as antidepressants or pain relievers). LidoPro ointment is a combination of Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Per the Official Disability Guidelines, topical pain medications are largely not medically appropriate in use with few randomized controlled trials to determine usefulness or safety. They are primarily recommended for nervous system pain when trials of antidepressants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects and absence of drug interactions. Many agents are compounded as one therapy or in combination for pain control (including non-steroidal anti-inflammatory drugs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. This worker has been responsive to oral analgesics. However, since LidoPro is compounded with a combination of other medications that are not recommended, Lidopro topical ointment is not therefore medically necessary and appropriate.