MAXIMUS Federal Services

Case Number:	CM14-0035966		
Date Assigned:	06/23/2014	Date of Injury:	04/15/2013
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 50 year old female who is reported to have sustained work related injuries on 04/15/13. On this date, the injured worker was stepping from an overturned bucket when he slipped and fell. Complaints of head, neck, back, right upper extremity, right wrist, right hand, bilateral shoulder, and left lower extremity injuries are noted. Records indicate that treatment has included oral medications and chiropractic treatments. There has been no substantive improvements with treatment. Pain levels are rated as7/10. It is noted that pain encompasses the entire right shoulder. On examination, reduced right shoulder range of motion and diffused tenderness throughout the shoulder girdle. Impingement test is reported to be positive. Speed's test is positive. On examination of the right wrist, she has tenderness over the medial and lateral elbow and over the radial head. Radial deviation is reduced. Pain at end ranges of motion. Tinel's test is reported to be positive. Phalen's test is positive. Finkelstein's test is positive. Tenderness to digital pressure over the left radius, ulna, and carpal bones is documented. The injured worker is tender over the medial and lateral elbow and over the radial head. Tinel's and Phalen's tests are positive. The record includes a utilization review determination dated 03/14/14 in which multiple requests were certified; however, LidoPro topical ointment 4 oz. was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment Four (4) ounces as prescribed on 2/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic; Topical Analgesics, Compounded; and Salicylate Topicals Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 112-113 Page(s): 112-113.

Decision rationale: The request for LidoPro topical ointment 4 oz. is not supported as medically necessary. The submitted clinical records indicate that the injured worker has been given prescriptions for multiple oral medications. The record provides no data that the injured worker has failed 1st line therapy. Additionally, it would be noted that topical analgesics are not supported under California Medical Treatment Utilization Schedule Guidelines (CAMTUS) noting that the efficacy has not been established through rigorous clinical trials. As such, the request is not supported as medically necessary.