MAXIMUS Federal Services

Case Number:	CM14-0039184		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2010
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 66 year old male injured worker sustained a work injury involving his left shoulder on 09/19/2010. The worker has been complaining of persistent pain in his shoulder. However, the pain progressively worsened over the past six months. The examination findings include limitation in left shoulder range of movement, as well as tenderness at the trapezius area. The X-ray showed degenerative changes involving the joints of the left shoulder; there was also suspicion of partial thickness tears of the supraspinatus, subscapularis and biceps tendon. A retrospective request for treatment with Lidopro 4.5%-27.5% Lidocaine/me-salicyl/caps/menth was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro 4.5%-27.5% Lidocaine/me-salicyl/caps/menth (duration unknown and frequency twice a day) dispensed on 02/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The topical analgesics are largely experimental drugs recommended as second line drugs for the treatment of neuropathic pain when either antidepressants or

anticonvulsants have been tried and have failed. The MTUS further recommends that when a formulation contains an agent or drug group that is not recommended, the entire compounded product is not recommended. Therefore, the request is not medically necessary because the case reviewed does not suggest the mechanism of pain is neuropathic, neither of the first line drugs has been tried and failed, and the compounded product contains menthol, a non-recommended agent.