

Case Number:	CM14-0044545		
Date Assigned:	07/02/2014	Date of Injury:	04/10/2008
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/11/2014

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 Nevada. 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 records, presented for review, indicate that this 44-year-old male was reportedly injured on 4/10/2008. The mechanism of injury was noted as slip and fall while walking on a house roof. The most recent progress note, dated 3/19/2014, indicated that there were ongoing complaints of right shoulder pain and low back pain. The patient was noted to be in a good mood and stable. There were no recent diagnostic imaging studies available. There was no medications listed or physical therapy documented. Previous treatment includes a TENS unit and home exercises. A request had been made for 1 tube of Lidopro ointment 121 grams and was not certified in the utilization review on 3/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Lidopro Ointment 121 grams: Upheld

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

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental, and that any compound product that contains at least one drug (or drug class) that is not

recommended, is not recommended. The guidelines note there is little evidence to support the use of topical Lidocaine or menthol for treatment of back or shoulder pain. Furthermore, there was no documentation of any conservative treatment, physical therapy or first-line medications. As such, this request is not considered medically necessary.