

Case Number:	CM14-0056259		
Date Assigned:	07/09/2014	Date of Injury:	05/17/2010
Decision Date:	08/22/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 05/17/2010 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 03/11/2014 for reports of persistent pain. The exam noted tenderness along the rotator cuff and biceps tendon. Shoulder abduction was noted to be at 110 degrees, external rotation at 50 degrees, and internal rotation at 30 degrees. A positive impingement sign, Hawkins's test and Speed's test were noted. Weakness was noted against resistance with shoulder abduction at 5-/5 secondary to pain. The diagnoses included right shoulder impingement, status post distal clavicle excision, surgical repair of a labral tear and Bankart lesion, persistent right shoulder pain, biceps tendinitis, rotator cuff inflammation and acromioclavicular joint inflammation. The treatment plan included medication therapy. The request for authorization and rationale for request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Lotion 4 ounces #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Compound drugs.

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

Decision rationale: The request for LidoPro lotion 4 ounces #1 is non-certified. The California MTUS Guidelines note the FDA does not recommend the use of lidocaine topically other than in a dermal patch such as Lidoderm. The injured worker has been prescribed LidoPro lotion since at least 12/17/2013. There is a significant lack of clinical evidence of the evaluation of the efficacy of the prescribed medication. Furthermore, the request does not include the specific dosage, frequency, and body area for application. Therefore, due to the significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the guidelines not recommending lidocaine in any other form than a Lidoderm patch, and the lack of dosage, frequency, and body area for application included in the request, the request for LidoPro lotion 4 ounces #1 is non-certified.