MAXIMUS Federal Services

Case Number:	CM14-0068483		
Date Assigned:	07/14/2014	Date of Injury:	10/07/2011
Decision Date:	08/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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 injured worker is a 60 year-old female who was reportedly injured on 10/7/2011. The mechanism of injury is not listed. The injured worker underwent right arthroscopic shoulder surgery on 1/10/2013. The most recent progress note dated 4/2/2014, indicates that there are ongoing complaints of neck and interscapular pain. The physical examination demonstrated mild discomfort to the base of the neck; near full range of motion of right shoulder with 5/5 rotator cuff strength. A magnetic resonance imageof the right shoulder dated 12/21/2011, revealed mild tendinopathy of the supraspinatus and infraspinatus; no full thickness rotator cuff tear; degenerative disease of the acromioclavicular joint. Previous treatment includes shoulder surgery, physical therapy and medications to include Neurontin and Mobic. A request was made for Retrospective LidoPro Ointment 120 grams (date of service 04/02/2014) and was not certified in the pre-authorization process on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective LidoPro Ointment 120gm (3) DOS: 04/02/2014: 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: California Medical Treatment Utilization Schedule 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 chronic back or neck pain. As such, this request is not considered medically necessary.