

Case Number:	CM14-0070340		
Date Assigned:	07/14/2014	Date of Injury:	05/11/2013
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 51 year old male with a work injury dated 5/11/13. The diagnoses include right elbow medial epicondylitis, right elbow medial collateral ligament sprain, right shoulder bursitis and impingement; right elbow MRI findings of common extensor tendon origin tendinosis and partial tear with distal biceps tendinosis, right shoulder SLAP lesion. There is a primary treating physician report dated 12/16/13. The patient comes for follow up regarding his right shoulder and right elbow pain. He currently rates his pain a 6/10 on the pain scale. He has had 16 visits of chiropractic treatment and 6 visits of acupuncture which he says has helped with his pain temporarily. He says he has diabetes and does not want cortisone injections. He notes that he has been wearing an elbow brace, which he does find helpful for his symptoms. He says he continues a home exercise program. He says he is taking Norco 7.5/325 three per day for pain. He says the medications helps decrease his pain by about 50% temporarily and allows him to complete more household chores. He denies side effects with medication use. On exam of his right shoulder his range of motion is flexion 0 to 170 degrees, abduction 0 to 170 degrees, external and internal rotation 0 to 80 degrees, adduction and extension 0 to 50 degrees. Tenderness to palpation over the right trapezius musculature with spasming noted. No tenderness over the AC joint with direct palpation or cross-arm testing. Positive impingement and bursitis. Positive Hawkins's test. Negative O'Brien's test. Negative apprehension test. No sign of infection in the right shoulder. On right elbow the range of motion 0 to 140 degrees, 0 to 80 degrees pronation and supination of the forearm. Pain with motion. Tenderness to palpation over the medial epicondyle. No tenderness to palpation over the lateral epicondyle. No tenderness to palpation over the olecranon. No crepitus upon motion. Pain is elicited with valgus stress test of the elbow, but no significant laxity. Negative Tinel's over the cubital tunnel. Compartments are soft. No sign of

infection. 4+/5 strength to resistance in flexion and extension. The treatment plan includes continuing a home exercise program. There is a request for Norco as well as LidoPro Topical Ointment 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical ointment 4OZ (120ML): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Salicylate topicals, Topical analgesics Page(s): 56,27,105,111-113.

Decision rationale: Lidopro Cream is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no evidence the patient has tried the above mentioned first line therapy medications. There is no indication that the patient is intolerant to oral medications. Furthermore, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro Topical ointment 4oz (120ml) is not medically necessary.