MAXIMUS Federal Services

Case Number:	CM14-0070929		
Date Assigned:	07/14/2014	Date of Injury:	05/08/2009
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/16/2014

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 California. 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 58 year old female with date of injury 5/08/09 from repetitive motion. The treating physician report dated 4/03/14 indicates that the patient presents for follow-up evaluation regarding the condition of the right shoulder, right lateral epicondyle and right carpal tunnel. The patient presents today with pain affecting the left shoulder more lately due to using the left arm more than the right arm to compensate. Current physical examination findings reveal that the right arm is constantly 7/10 on the pain scale. Patient reports spasms in the neck and right shoulder as well as numbness in all of the right fingers. An upper extremity MRI dated 7/13/10 revealed significant marrow edema involving the proximal humerus. A labral tear with a para labral cyst was noted. Rotator cuff tendinosis and mild partial tearing without full thickness defect was identified. Repeat MRI dated 11/21/12 demonstrated moderate glenohumeral joint osteoarthritis with significant cartilage loss and deformity of the humeral head and glenoid rim. There was also partial thickness tear of the infraspinatus and type 2 acromion. There was chronic fraying of the labrum. The patient has undergone x-rays, EMG of the upper extremities, multiple injections, physical therapy and acupuncture. The patient currently is working full time with more pain at the end of the day. She is awakened at night because of the pain and admits to depression due to chronic pain and limitation in activities. The current diagnoses are: 1.Impingement syndrome of the shoulder on the right 2.Epicondylitis on the right 3.Epicondylitis on the left 4.Carpal tunnel syndrome 5.Depression and sleep The utilization review report dated 4/14/14 denied the request for retrospective LidoPro ointment 120 ml DOS 4/03/2014 based on the rationale of medical necessity not being established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Ointment 120ml DOB 04/03/2014: 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: This is a 58 year old female who presents with left shoulder pain as well as pain in the right shoulder and right lateral epicondyle and right carpal tunnel. The current request is for retrospective LidoPro Ointment 120 ml DOS 4/03/14, which is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. MTUS Guidelines state that topical ointments are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." According to the medical records provided the patient was prescribed an antidepressant but was inconsistent in taking it as directed and it was discontinued. Furthermore, MTUS Guidelines allow only a patch formulation for lidocaine and it is not allowed in lotion, gel or cream formulation. The request is not medically necessary.