

Case Number:	CM14-0074901		
Date Assigned:	07/16/2014	Date of Injury:	08/09/2011
Decision Date:	09/12/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal Medicine 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:

Patient is an injured worker bilateral shoulder conditions. Date of injury was 08-09-2011. Agreed Medical Examiner (AME) Report dated April 21, 2014 documented subjective complaints of slight and intermittent in pain her hands, wrists, elbows and shoulders, primarily on the right, increasing to moderate with very extensive use in the right forearm, elbow and shoulder; tingling of all fingers of both hands; stiffness and motion loss of hand, shoulder and neck; decreased strength, primarily on the right; swelling with use, wrists and forearms, right greater than left; difficulty applying pressure with hands; intermittent night pain; occasional dropping of items; difficulty pinching and grasping bilaterally. Objective findings included grip strength loss estimated to be 10-12% bilaterally; tenderness, lateral epicondyle, right as well as extensor mass, bilaterally, right greater than left, consistent with elbow pain and extensor tenosynovitis; positive Finkelstein test, right; swelling, forearm and wrist, right greater than left; decreased strength, right shoulder, with marginal evidence of residual tendinosis; tenderness, trapezii, but no indication of a cervical radiculopathy. The diagnosis is rotator cuff tendinosis and labral defect, right shoulder, corrected with residuals; tendinosis, left shoulder, quiescent; lateral elbow pain, as well as extensor tenosynovitis bilaterally, right greater than left; and myofascial neck pain. Progress report dated 03-18-2014 documented a treatment plan that included LidoPro topical ointment, Naproxen, FCE. Utilization review decision date was 05-02-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4 oz #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines Topical Analgesics Page 111-113 Capsaicin, topical Page 28-29 NSAIDs Page 69-70.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. Medical records do not document blood pressure measurements or laboratory tests, which are recommended by MTUS when using NSAID medications. Methyl salicylate, a component of LidoPro, is a NSAID. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin per MTUS. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine, Capsaicin, or Methyl Salicylate, which are active ingredients in LidoPro. Therefore, the request for LidoPro topical ointment 4 oz #1 is not medically necessary.

FCE of Upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Functional Capacity Evaluations (FCEs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examinations and Consultations Pages 137-138.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses functional capacity evaluation (FCE). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention (Page 12) states that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ACOEM Chapter 7 Independent Medical Examinations and Consultations (Pages 137-138) states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Progress report dated 03-18-2014 requested a functional capacity evaluation (FCE). MTUS and ACOEM guidelines do not support the medical necessity of a functional capacity evaluation (FCE). Therefore, the request for FCE of upper extremities is not medically necessary. Therefore, the request for FCE of Upper extremities is Not medically necessary.