

Case Number:	CM14-0085017		
Date Assigned:	07/23/2014	Date of Injury:	03/21/2009
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/06/2014

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 48 year old female presenting with chronic pain following a work related injury on 03/21/2009. The claimant complained of ongoing neck, back left lower extremity chest and shoulder pain. She is status post injection of the left shoulder without complications. The pain ranged from 7/10 to 8/10. The physical exam showed limited range of motion of cervical, thoracic and lumbar spine, decreased sensation left C5 to C7 dermatomes, left L4-5 dermatomes, 4+/5 left deltoid to biceps internal/external rotators, wrist extensors/flexors, 5-/5 on the right side in the upper extremity, 4+/5 motor in all areas. The claimant was diagnosed with left shoulder subacromial impingement, cervical radiculopathy, lumbar radiculopathy, left shoulder SLAP lesion, Cystic change/edema in the triquetrum and capitate, cervical degenerative disk disorder with stenosis, lumbar degenerative disk disorder with facet arthropathy and moderate canal stenosis of the lumbar spine. A claim was made for Lido Pro Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro Topical ointment 4 oz: 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): 111-112.

Decision rationale: Lido Pro Topical Ointment 4 oz is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain. Therefore, this request is not medically necessary.