

Case Number:	CM14-0087909		
Date Assigned:	07/23/2014	Date of Injury:	10/01/2013
Decision Date:	10/07/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain Management 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 35-year-old female with an injury date of 10/01/2013. Based on the 02/04/2014 progress report, the patient complains of having neck pain, upper-mid back pain, and left shoulder pain. The patient has palpatory tenderness of the cervical paravertebral muscles, upper trapezius, sub occipital muscles, and thoracic paravertebral musculature, left greater than right with muscle guarding. Upon examination of the left shoulder, the patient has palpatory tenderness of supraspinatus tendon, slight crepitus with passive ranging. The patient also has muscle weakness due to pain in abduction and external rotation. The patient's diagnoses include cervical/trapezial musculoligamentous sprain/strain; thoracic musculoligamentous sprain/strain; status post left shoulder contusion with resultant sprain and tendinitis; and R/O contusion, result. The utilization review determination being challenged is dated 05/05/2014. Treatment reports were provided from 11/01/2013, 11/22/2013, and 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream (quantity unspecified): 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.

Decision rationale: Based on the 02/04/2014 progress report, the patient complains of having neck pain, upper-mid back pain, and left shoulder pain. The request is for LidoPro cream (quantity unspecified). MTUS page 111 states that Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine in a formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used for label for diabetes neuropathy. No other commercially approved topical formulation as Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. MTUS does not support lotion formulation of Lidocaine for neuropathic pain. Therefore, this request is not medically necessary.