

Case Number:	CM14-0101842		
Date Assigned:	07/30/2014	Date of Injury:	06/09/2011
Decision Date:	05/01/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60 year old male, who sustained an industrial injury on 06/09/2011. He has reported subsequent left shoulder pain and was diagnosed with left shoulder osteoarthritis and status post surgery of the left shoulder. Treatment to date has included oral and topical pain medication. In a progress note dated 04/24/2014, the injured worker complained of frequent left shoulder pain that was rated as 7-8/10 without medications and 4/10 with medications. Objective findings were notable for reduced range of motion of the left shoulder. The physician noted that Xolindo cream was being prescribed for temporary relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolindo 2 percent Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Argoff, 2006; Dworkin, 2007; Khaliq-Cochrane, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation www.drugs.com, XOLIDO.

Decision rationale: The patient presents with frequent left shoulder pain rated 7-8/10 without and 4/10 with medications. The request is for XOLINDO 2 PERCENT CREAM. The RFA is not provided. Patient's diagnosis included left shoulder osteoarthritis and status post surgery of the left shoulder. Patient is temporarily totally disabled. Per www.drugs.com, XOLINDO cream contains LIDOCAINE HYDROCHLORIDE. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Patient uses Xolindo for relief of pain. MTUS states that if one of the compounded topical product ingredients is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.