

Case Number:	CM15-0103681		
Date Assigned:	06/08/2015	Date of Injury:	02/02/2012
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 61 year old male who sustained an industrial injury on 02/02/2012. He reported multiple body area injuries in a fall. The injured worker was diagnosed as having a tiny partial-thickness rotator cuff tear with history of previous arthroscopy, and incidental axillary node enlargement. Treatment to date has included diagnostic MRI, arthroscopy left shoulder and a cortisone injection of the left shoulder. Twenty-eight physical therapy sessions have been completed as of 12/01/2014. Currently, the injured worker presents on 12/01/2014 in follow-up regarding left shoulder pain and to review MRI results of the left shoulder. He notes his relief with the cortisone shot was temporary, and the shoulder has minimal improvement from pre-surgery. He has shoulder pain with activity, and difficulty sleeping on the affected side. On exam, there is tenderness along the anterior aspect of the acromion and laterally, mild tenderness is noted over the acromioclavicular joint and positive impingement to internal rotation and with forward elevation and reaching behind the back. Mild weakness is present with forward flexion and there is distal guarding. An equivocal O'Brien's test with some labral signs are noted. There is no bicipital tenderness, no muscle atrophy, and neurovascular status is normal. According to provider notes of 11/26/2014, the worker is taking Naprosyn, Omeprazole, and using Mentherm gel. The treatment plan 12/01/2014 is to have the IW see his own physician regarding the axillary node enlargement and follow-up on an as-needed basis on the shoulder. No provider notes for 2015 are found in the documents provided. A request for authorization was presented on 05/01/2015 for Lidopro x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro x 4: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro is not medically necessary.