

Case Number:	CM15-0105032		
Date Assigned:	06/09/2015	Date of Injury:	05/01/2007
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Emergency 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:

This 57 year old female sustained an industrial injury on 5/01/07. She subsequently reported shoulder pain. Diagnoses include trigger finger, rotator cuff impingement, lateral epicondylitis and chronic postoperative pain. Treatments to date include x-ray and MRI testing, TENS, injections, physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder and hand pain. Upon examination, tenderness to palpation over bilateral lateral epicondyles, deltoids, right acromioclavicular joint and right glenohumeral joint and weak handgrip strength in both hands is noted. A request for Lidopro patches was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

Decision rationale: The requested Lidopro patches, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has bilateral shoulder and hand pain. Upon examination, tenderness to palpation over bilateral lateral epicondyles, deltoids, right acromioclavicular joint and right glenohumeral joint and weak handgrip strength in both hands is noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro patches is not medically necessary.