MAXIMUS Federal Services

Case Number:	CM15-0191968		
Date Assigned:	10/06/2015	Date of Injury:	05/09/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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 48 year old male who sustained an industrial injury on 5-9-12. Diagnoses are noted as shoulder joint pain, poor coping, history of gastritis, depression-major not specified, left shoulder, and myofascial pain. In a progress report dated 8-26-15, the physician notes subjective complaints of right shoulder pain that radiates to the right tricep intermittently, left shoulder pain since he has been using his left shoulder due to compensation from the right shoulder, and right hand stiffness and numbness. Medications are reported to be helpful to about 30-40% and maintain pain under control. It is noted he has found the Lidopro ointment to be very helpful. Pain is rated at 2 out of 10. Objective exam notes tenderness to palpation in the right shoulder and left trapezius. A 6-25-15 progress report notes he does not use any narcotic pain medication, cannot take non-steroidal anti-inflammatory drugs due to stomach upset, he is status post right shoulder surgery, and has tried over the counter topical cream and reports it did not help much. Previous treatment includes oral and topical medication (Lidopro cream noted since at least 2-26-15), home exercise program, at least 1 session of physical therapy and TENS (transcutaneous electrical nerve stimulation). Work status is to return to modified work 8-26-15 with limitations. The requested treatment of Lidopro 121 grams and an MRI of the left shoulder were non-certified on 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 48 year old patient presents with pain in shoulder joint, pain disorder, history of digestive disorder, and depression, as per progress report dated 09/02/15. The request is for LIDOPRO 121 gm. The RFA for this case is dated 08/26/15, and the patient's date of injury is 05/09/12. As per progress report dated 08/26/15, the patient complains of right shoulder pain radiating to triceps, compensatory left shoulder pain, and right hand stiffness and numbness. The pain is rated at 2/10. Medications included Omeprazole and Lidopro cream. The patient is on modified duty, as per the same progress report. The MTUS Chronic Pain Guidelines 2009, p111 and Topical Analgesics section, state: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. In this case, Lidopro cream is first noted in progress report dated 06/25/15. As per progress report dated 08/26/15, Lidopro cream has been very helpful. The report also states that medications help reduce pain by 30-40% and maintain pain under control. In progress report dated 07/29/15, the treater states that the patient does not take any narcotic medications nor does he take NSAIDs due to gastric issues. Lidopro cream helps managing his joint, muscular spasm, cramp pain and also helps him to keep his functionality. The patient is status post right shoulder surgery, and this topical cream is the only medication that he used mostly and very helpful for managing his pain. In an undated appeal letter, the treater states Lidopro cream helps reduce pain from 4/10 to 2/10. The treater reiterates that the topical formulation will help minimize oral medication intake. While the cream appears to benefit this patient, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, the request IS NOT medically necessary.

MRI of left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter under Magnetic resonance imaging.

Decision rationale: The 48 year old patient presents with pain in shoulder joint, pain disorder, history of digestive disorder, and depression, as per progress report dated 09/02/15. The request

is for MRI OF LEFT SHOULDER. The RFA for this case is dated 08/26/15, and the patient's date of injury is 05/09/12. As per progress report dated 08/26/15, the patient complains of right shoulder pain radiating to triceps, compensatory left shoulder pain, and right hand stiffness and numbness. The pain is rated at 2/10. Medications included Omeprazole and Lidopro cream. The patient is on modified duty, as per the same progress report. ACOEM Guidelines has the following regarding shoulder MRI on Chapter 9, pages 207 and 208: routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG Guidelines, Shoulder (Acute & Chronic) chapter under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" In this case, a request for left shoulder MRI is noted in progress report dated 08/26/15. As per the report, the patient is experiencing left shoulder pain since he has been using his left shoulder due to compensation from right shoulder. Physical examination revealed tenderness to palpation in left trapezius along with decreased range of motion in the left shoulder. The treater does not provide any other detail. ODG guidelines support the use of MRI only in patients with acute trauma or when there is a suspicion of rotator cuff tear/impingement or instability/labral tear. There is no such indication in this case. There is no mention of normal radiographs as well. Given the lack of relevant documentation, the request of a left shoulder MRI IS NOT medically necessary.