MAXIMUS Federal Services

Case Number:	CM15-0022480		
Date Assigned:	02/12/2015	Date of Injury:	04/01/2014
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
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 female who reported an injury on 04/01/2014. The mechanism of injury involved a fall. The current diagnosis is joint derangement of the shoulder. The latest physician progress report submitted for review is documented on 11/20/2014. The injured worker presented with complaints of constant pain in the right shoulder, aggravated by activity. The injured worker also reported swelling and numbness in the right hand, with difficulty sleeping. Examination of the shoulder revealed tenderness around the anterior glenohumeral region and subacromial space, painful rotator cuff function, limited and weak range of motion, and swelling of the right shoulder and hand. Examination of the elbow revealed tenderness over the olecranon groove, positive Tinel's sign over the cubital tunnel, full and painful range of motion, and diminished sensation in the ulnar digits. Recommendations at that time included continuation of the current medication regimen, as well as physical therapy. The injured worker was issued prescriptions for Nalfon 400 mg, Nexium 20 mg, Zofran 8 mg, cyclobenzaprine 7.5 mg, and tramadol ER 150 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%0.2%gm, QTY: 120 DOS: 1/22/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Lidocaine has been FDA approved in the formulation of a dermal patch for neuropathic pain or localized peripheral pain, after there has been evidence of a trial of first line therapy with antidepressants or anticonvulsants. In this case, there was no evidence of a failure to respond to first line oral medication. The medical necessity for a combination patch has not been established. The physician progress report, dated 01/22/2015, was not provided. Therefore, the medical necessity has not been established. The request also failed to indicate a frequency. Given the above, the request is not medically appropriate.