

Case Number:	CM15-0044425		
Date Assigned:	03/16/2015	Date of Injury:	09/16/2011
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old female, who sustained an industrial injury on 09/16/2013. Initial complaints reported included cervical pain, bilateral shoulder pain and bilateral elbow pain. The injured worker was diagnosed as having repetitive strain and tendinitis involving the cervical [spine, bilateral shoulders and bilateral elbows. Treatment to date has included conservative care, medications, MRI of the bilateral shoulders, MRI of the cervical spine, radiographic imaging, electrodiagnostic testing of the upper extremities, chiropractic manipulation, electrical stimulation, ultrasound therapy, and physical therapy. Currently, the injured worker complains of right greater than left upper extremity/shoulder pain and cervicalgia. Current diagnoses include internal derangement of the right shoulder with probable impingement syndrome and rotator cuff tear, cervical and lumbar disc disease, cervical pain, cervical strain, left shoulder tendonitis, bilateral wrist pain, carpal tunnel syndrome (right more than left) flexor and extensor tendonitis bilaterally, bilateral medial epicondylitis, bilateral lateral epicondylitis, de Quervain's tenosynovitis, and right heel spur. The treatment plan consist of epidural steroid injections, Lidopro cream, continued home exercise program, continued TPT, electrical stimulation as tolerated, paraffin bath, physical therapy, continued chiropractic manipulation, trigger point injections, consultations, electrodiagnostic testing of the upper extremities, psychological evaluation, scheduled right shoulder arthroscopy with decompression and debridement, medications for post-op pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for epidural injection times three (3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 54 year old female has complained of neck pain, bilateral shoulder pain and wrist pain since date of injury 9/16/13. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for referral for epidural injection times three (3). Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (8) above has been met. Specifically, current research does not support a "series of three" injections in either the diagnostic or therapeutic phase. On the basis of the MTUS guidelines, a referral for epidural injection times three (3) is not indicated as medically necessary.

Lidopro 121mg: 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: This 54 year old female has complained of neck pain, bilateral shoulder pain and wrist pain since date of injury 9/16/13. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for Lidopro. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental,

and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidopro 121mg is not indicated as medically necessary.