

Case Number:	CM15-0056308		
Date Assigned:	04/01/2015	Date of Injury:	02/25/2009
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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 55 year old male, who sustained a work/ industrial injury on 2/25/09. He has reported initial symptoms of left clavicle pain with fracture along with scalp pain with laceration, hip and rib pain, and back pain. The injured worker was diagnosed as having myalgia and myositis with chronic lumbar spine strain and chronic left rotator cuff syndrome. Treatments to date included medications, surgery (left clavicle open reduction internal fixation (ORIF), diagnostics, ultrasound guided injection, and therapy. Currently, the injured worker complains of pain in the left shoulder region and low back pain. The treating physician's report (PR-2) from 2/25/15 indicated the injured worker continued to have pain in the back with numbness and spasms. There was pain in the left shoulder especially with overhead activity. Exam noted decreased range of motion of back by 10% in all planes and decreased sensation. The left shoulder scar had tenderness in that area. Treatment plan included Unknown prescription of Lidopro (compound) and 1 set of bilateral SI joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lidopro: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents on 02/19/15 with unrated SI joint pain with associated numbness and spasms of the lower back, and unrated left shoulder pain. The patient's date of injury is 02/25/09. Patient is status post left clavicle open reduction and internal fixation at a date unspecified, status post lumbar ESI on 01/01/14, and status post trigger point injections to the left trapezius on 02/19/15. The request is for unknown prescription of lidopro. The RFA is dated 02/19/15. Physical examination dated 02/19/15 reveals decreased sensation to the left shoulder and reduced range of motion of the joint. Lumbar examination reveals reduced range of motion in all planes, bilateral SI joint tenderness, and positive Faber test on the left side. The progress note is hand written, the remaining findings are illegible. The patient is currently prescribed Omeprazole, Flexeril, Neurontin, and Voltaren gel. Diagnostic imaging was not included. Patient is currently not working. LidoPro lotion contains Capsaicin, Lidocaine, Menthol, and methyl salicylate. The MTUS has the following regarding topical creams p111, chronic pain section: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. 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 regard to the request for Lidopro cream for this patient's chronic pain, the active ingredient in this cream, Lidocaine, is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. Lidocaine is also only indicated for pain with a neuropathic component. This patient presents with chronic shoulder and lower back pain; not localized neuropathic pain amenable to topical Lidocaine. Therefore, the request IS NOT medically necessary.

1 set of bilateral SI joint injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks.

Decision rationale: The patient presents on 02/19/15 with unrated SI joint pain with associated numbness and spasms of the lower back, and unrated left shoulder pain. The patient's date of injury is 02/25/09. Patient is status post left clavicle open reduction and internal fixation at a date unspecified, status post lumbar ESI on 01/01/14, and status post trigger point injections to the left trapezius on 02/19/15. The request is for 1 set of bilateral si joint injections. The RFA is dated 02/19/15. Physical examination dated 02/19/15 reveals decreased sensation to the left shoulder and reduced range of motion of the joint. Lumbar examination reveals reduced range of

motion in all planes, bilateral SI joint tenderness, and positive Faber test on the left side. The progress note is hand written, the remaining findings are illegible. The patient is currently prescribed Omeprazole, Flexeril, Neurontin, and Voltaren gel. Diagnostic imaging was not included. Patient is currently not working. The MTUS/ACOEM guidelines do not discuss SI joint injections. ODG guidelines were consulted. ODG-TWC guidelines, Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks states: "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)." The exam findings include: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The ODG criteria also state "Diagnostic evaluation must first address any other possible pain generators." In regard to the request for bilateral SI joint injections, the physician has not identified other possible pain generators, and has not provided at least three positive exam findings required under the ODG guidelines for SI joint injections. Progress notes do not indicate that this patient has had any SI joint injections to date. Progress note 02/19/15 does include findings of bilateral SI joint tenderness and positive Faber test on the right side. ODG guidelines require at least 3 positive exam findings indicative of SI joint pathology, the treater has only provided one. The ODG guideline criteria for an SI joint injection has not been met. Therefore, the request IS NOT medically necessary.