MAXIMUS Federal Services

Case Number:	CM15-0056418		
Date Assigned:	04/01/2015	Date of Injury:	05/23/2013
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
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 45-year-old female, who sustained an industrial injury on 05/23/2013. She reported a slip and fall with injury to the low back and left shoulder. Diagnoses include lumbar disc protrusion, rotator cuff impingement status post left shoulder rotator cuff repair 2/4/14. Treatments to date include activity modification, medication therapy, back brace, and physical therapy. Currently, they complained left shoulder pain radiation to neck and associated with headaches, swelling of the left shoulder and trapezius area and difficulty with range of motion in left shoulder. She also reported chronic low back pain with radiation to left greater than right lower extremity. On 2/7/15, the physical examination documented tenderness to palpation and decreased range of motion, there was cervical muscle spasm and muscle spasm noted in the left trapezius. The plan of care included topical medication and a repeat MRI due to persistent inflammation and increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient was injured on 05/23/2013 and presents with left shoulder pain radiating to the neck, left trapezius muscle spasm, and chronic low back pain. The request is for an MRI OF THE LEFT SHOULDER. There is no RFA provided, and the patient is to return to modified work on 02/07/2015 with no lifting over 10 pounds/pushing/pulling, no climbing duties, allow short breaks 5 minutes every hour, no kneeling, no overhead work, and wear back support. The patient had a prior MRI of the left shoulder on 09/12/2014 which had the following impression: 1. Small interstitial tear, subscapularis tendon at the lesser tuberosity attachment. 2. Supraspinatus and infraspinatus tendinosis. No discrete tear of either tendon was identified. 3. No obvious labral tear. 4. Postsurgical changes as described. ACOEM Guidelines has the following regarding shoulder MRI on pages 207-208, "Routine testing (laboratory tests, 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 a serious shoulder condition or referred pain." ACOEM Guidelines page 207-208 continues to state that the primary criteria for ordering imaging studies include: 1. Emergency red flags. 2. Physiologic evidence of tissue insult. 3. Failure to progress in strengthening program. 4. Clarification of anatomy prior to an invasive procedure. The ODG Guidelines under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. The patient is diagnosed with lumbar disk protrusion, rotator cuff impingement, and status post left shoulder rotator cuff repair, 02/04/2014. She has a hard time completing ADLs/ROM in her left shoulder. The patient has a decreased range of motion and weakness of left shoulder, spasm along the paraspinal musculature of the cervical spine, muscle spasm in the left trapezius, and a positive Hawkins test. The 02/07/2015 report states that the treater would like another MRI of the left shoulder "due to persistent inflammation and increased pain." The patient had a prior MRI of the left shoulder on 09/12/2014. In this case, there are no significant changes and symptoms and/or findings, which are suggestive of significant pathology. Therefore, the requested MRI of the left shoulder IS NOT medically necessary.

Lidopro Cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient was injured on 05/23/2013 and presents with left shoulder pain radiating to the neck, left trapezius muscle spasm, and chronic low back pain. The request is for

LIDOPRO CREAM 121 GM. There is no RFA provided, and the patient is to return to modified work on 02/07/2015 with no lifting over 10 pounds/pushing/pulling, no climbing duties, allow short breaks 5 minutes every hour, no kneeling, no overhead work, and wear back support. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient in a non-patch form, the entire compound is not recommended. Therefore, the requested LidoPro Cream IS NOT medically necessary.