

Case Number:	CM15-0057304		
Date Assigned:	04/02/2015	Date of Injury:	02/17/2009
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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, Pain Management

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 58-year-old male patient who sustained an industrial injury on 02/17/2009. The most recent medical record provided for review was a primary treating office visit dated 02/03/2015. This periodic report showed subjective complaints of pain rated a 7 out of 10 in intensity, located in the left shoulder occurring chronically with radiation up into his neck. He was prescribed Tramadol ER 150mg. The patient sees a psychiatrist regularly. His gastric symptom has resolved with Omeprazole. He is visiting today for trigger point injection. The following diagnoses are applied: superior gluteal labrum lesions (SLAP tear), shoulder strain/sprain; post operative chronic pain; myofascial pain, poor coping; cerebral vascular accident 06/2014; and a history of gastric issues and hypertension. The plan of care-involved administration of trigger point injection today, refilled Omeprazole, Gabapentin, and a trial of LidoPro topical analgesia. He is to continue with home exercise program, and use of transcutaneous nerve stimulator unit; along with regular psychiatric follow up. The patient will remain off from work until modified work duties are available. A psychiatric follow up dated 12/14/2014 reported the patient diagnosed with adjustment disorder with depressed and anxious mood. Pain disorder associated with both psychological factors and general medical condition. Status post motor vehicle accident with injury to cervical and thoracic spine. The plan of care involved the discontinuation of Fetzima, continue with Elavil, continue with therapy, and follow up in one month. Of note, the patient is not temporarily totally disabled on psychiatric illness. The oldest record provided was a primary treating office visit dated 08/22/2014 reporting a pain level of 8 out of 10 in intensity, chronic left shoulder and elbow pain that radiates up into the

neck. Of note, the patient had been prescribed an increased dose of Gabapentin without significant improvement in symptom; therefore, switching back to dose 300mg. The patient states the medication helping relieve pain by approximately 30 - 40 %. He reports his reflux is reduced to a "mild" amount occurring twice a week, improved without vomit. The same diagnoses are applied as in the 02/03/2015 report. The plan of care involved requesting Tramadol ER 150mg, Gabapentin 300mg and transcutaneous patches. The patient is to continue with home exercise program, use of transcutaneous nerve stimulator unit, and continue with psychiatric visits. Discussion noted regarding return to work status and the parafin bath supply is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Lidopro Cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidopro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the above mentioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Lidopro is not medically necessary.