

Case Number:	CM15-0061022		
Date Assigned:	04/07/2015	Date of Injury:	05/08/2013
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 5/8/2013. The current diagnoses are cervicalgia, lumbago, and derangement of the shoulder joint. According to the progress report dated 2/6/2015, the injured worker complains of constant, sharp pain in the cervical spine with radiation into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. Additionally, he reports constant, sharp pain in the low back with radiation into the lower extremities. The pain in the neck and low back is improving. The pain is rated 5/10 on a subjective pain scale. There is constant, throbbing pain in the right shoulder. This pain is worsening and is rated 7/10. The current medications are Nalfon, Prilosec, Zofran, Flexeril, Tylenol #3, Tylenol #4, Cymbalta, Tramadol, Imitrex, Levaquin, and Lunesta. Treatment to date has included medication management, ice, stretching, electrodiagnostic testing, and MRI studies. The plan of care includes Hyaluronic acid/Lidocaine compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for pharmacy purchase of Hyaluronic acid/Lidocaine compound 120ml for date of service 2/27/15: 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 injured worker sustained a work related injury on 5/8/2013. The medical records provided indicate the diagnosis of cervicalgia, lumbago, and derangement of the shoulder joint. Treatments have included medication management, ice, stretching. The medications include Nalfon, Prilosec, Zofran, Flexeril, Tylenol #3, Tylenol #4, Cymbalta, Tramadol, Imitrex, Levaquin, and Lunesta. The medical records provided for review do not indicate a medical necessity for retrospective review for pharmacy purchase of Hyaluronic acid/Lidocaine compound 120ml for date of service 2/27/15. The topical analgesics are largely experimental drugs primarily used in the treatment of neuropathic pain that has failed trial of antidepressants and anti-epilepsy drugs. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS does not recommend the use of hyaluronic acid as topical analgesics; neither does it recommend the use of any other formulation of Lidocaine besides Lidoderm patch. Therefore, the request is not medically necessary.