

Case Number:	CM14-0167033		
Date Assigned:	10/13/2014	Date of Injury:	01/31/2003
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66-year old female patient who sustained a work related injury on 1/30/2003. The current diagnoses include status post reverse total shoulder arthroplasty, right shoulder. She sustained the injury while riding the elevator and it suddenly lost control, the elevator eventually stopped but the impact of suddenly stopping led to a fall and multiple injuries to her shoulders, knees and hips. According to the doctor's note dated 8/21/2014, patient had complaints of some residual pain and weakness over the right shoulder. The physical examination of the right shoulder revealed healed incision, range of motion- abduction and flexion 90 degrees, internal and external rotation passively, significant weakness of rotator cuff strength and intact neurovascular intact. The medications list includes fluoxetine, levothyroxine, omeprazole and tramadol. She has undergone right shoulder reverse total arthroplasty 3/26/14; roux-en-Y, right total knee replacement, left breast lumpectomy and right femur open reduction and internal fixation. She has had right shoulder x-ray which revealed reverse total shoulder arthroplasty, some lucency around two of the screws in the glenoid component, the remainder of the glenoid component looks intact and the component is in satisfactory position. She has had physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (Patch) 6% 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medication-compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Trial and failure of antidepressants and anticonvulsants is not specified in the records provided. Any evidence of intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical hyaluronic is not recommended by MTUS as cited above because of the absence of high grade scientific evidence to support their effectiveness. The Lidocaine/Hyaluronic (Patch) 6% 2% is not medically necessary.