

Case Number:	CM13-0053628		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2012
Decision Date:	06/02/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 38-year-old female, with a reported date of injury of 03/21/2012. The diagnoses include right shoulder bursitis and impingement, bilateral elbow medial epicondylitis, status post right carpal tunnel release, bilateral wrist carpal tunnel symptoms, and right shoulder SLAP lesion. Treatments to date have included an MRI of the right shoulder, x-rays of the right elbow, x-rays of the left elbow, x-ray of the right shoulder, oral medication, topical pain medication, acupuncture for the bilateral wrists, electrodiagnostic studies, occupational therapy, right carpal tunnel release. The progress report dated 09/12/2013 indicates that the injured worker complained of bilateral wrist pain, bilateral elbow pain, and right shoulder pain. She rated her right shoulder pain 3-4 out of 10, her bilateral wrist pain 6 out of 10, and her elbow pain 3 out of 10. The examination of the right shoulder showed tenderness to palpation over the acromioclavicular joint, positive impingement and bursitis, and negative drop-arm test. The examination of the bilateral elbows showed mild tenderness to palpation over the left medial epicondyle, no tenderness to palpation over the lateral epicondyle, moderate tenderness to palpation over the right medial epicondyle, no tenderness to palpation over the right lateral epicondyle or olecranon, and no crepitus with motion of the right elbow. The examination of the bilateral wrist showed positive right carpal compression test, no triggering of any finger or thumb on the right, decreased sensation to the right median distribution, and no tenderness over the left flexor tendons. The medications listed are Norco and LidoPro. The treating physician requested LidoPro topical ointment 4 ounces as a trial to help decrease pain with not adding additional narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is plain lidocaine product in the form of Lidoderm. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The LidoPro product contains lidocaine 4.5% / capsaicin 0.0325% / salicylate 27.5% / menthol 10%. There is lack of guidelines and FDA support for the chronic use of salicylate or menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of LidoPro topical ointment 4 oz was not met.