

<b>Case Number:</b>	CM14-0215149		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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 patient is a 63-year-old female with a date of injury of 03/17/2013. According to progress report dated 11/04/2014, the patient presents with continued bilateral shoulder pain and low back pain with muscle spasms. The patient is currently unable to work. Examination findings revealed tenderness along the cervical paraspinal muscles bilaterally. Her gait is slightly antalgic and wide-based. She has pain along the bilateral shoulders, rotator cuff, and bicep tendon. Abduction is no more than 100 degrees bilaterally. The listed diagnoses are: 1. Discogenic cervical condition with facet inflammation. 2. Bilateral shoulder impingement with full-thickness rotator cuff tear of the left shoulder per MRI of December 2013. 3. Discogenic thoracic and lumbar condition with facet inflammation. 4. Weight gain of 5 pounds. 5. Parkinsonism. 6. Stress. Treatment plan was for refill of medications including tramadol ER 150 mg for pain, Nalfon 400 mg for inflammation, Protonix 20 mg for upset stomach, LidoPro lotion, and Terocin patches for topical relief. The utilization review denied the request on 12/06/2014. Treatment reports from 09/03/2013 through 12/09/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro lotion 4 ounce:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** This patient presents with chronic neck, low back, and bilateral shoulder pain. The current request is for prescription drug, brand name. A request for authorization (RFA) dated 11/04/2014 requested medications including Tramadol ER 150 mg, Nalfon 400 mg, Protonix 20 mg, LidoPro lotion 4 oz, and Terocin patches. In this case, although there has been a list of current medications and a Request for Authorization (RFA), it cannot be assumed that these are the medications that are being requested. The current request states, prescription drug, brand name without providing specifics of medication being requested. The MTUS guidelines page 8 does require the treating physician to provide monitoring and make appropriate recommendation. In this case, recommendation cannot be made as specific drug names have not been provided. This request is not medically necessary.