

Case Number:	CM15-0111080		
Date Assigned:	06/17/2015	Date of Injury:	07/10/2014
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60 year old female, who sustained an industrial injury on July 10, 2014. She reported an injury to her right shoulder. Her diagnoses included contusion of multiple sites and shoulder sprain/strain. Treatment to date has included MRI of the right shoulder, medications, work restrictions, cortisone injection, right shoulder arthroscopic surgery, physical therapy and ice therapy. Currently, the injured worker complains of ongoing pain in the right elbow and wrist. She reports that an injection to the right elbow and wrist provided slight improvement. On physical examination the injured worker has a positive Finkelstein maneuver and pain along the triangular fibrocartilage complex and the rest of the wrist. The injured worker has profound weakness in restricted abduction and flexion of the right shoulder. The diagnoses associated with the request includes right shoulder derangement, status post right shoulder arthroscopic surgery, left ankle sprain/strain, right rib cage sprain/strain and left elbow/forearm injury. The treatment plan includes hand surgeon evaluation, Tramadol, Naproxen, and Lidopro gel for local anti-inflammatory relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro cream #2: 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 topical analgesics Page(s): 111-113.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, this request is not medically necessary.