

Case Number:	CM15-0114742		
Date Assigned:	06/25/2015	Date of Injury:	06/05/2012
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 injured worker is a 54 year old female, who sustained an industrial injury on June 5, 2012. The injured worker was diagnosed as having myofascial pain syndrome, repetitive strain of left upper extremity, cervical strain, rotator cuff syndrome and lateral epicondylitis. Treatment to date has included medication, injections and acupuncture. A progress note dated May 13, 2015 provides the injured worker complains of neck, left shoulder and left elbow pain. Physical exam notes cervical tenderness, left shoulder impingement with decreased range of motion (ROM) and spasm and left epicondyle tenderness. The plan includes surgical consultation and Lido Pro Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Request includes hand consult for ulnar neuropathy. Submitted reports have not demonstrated specific change in chronic pain complaints, progressive neurological deficits, acute change/flare or new injury to support for the surgical consult for this chronic injury. Reports have not identified any clinical or diagnostic surgical lesion or indication for surgical consult. Examination has no specific neurological deficits to render surgical treatment nor is there any current diagnostic study remarkable for any surgical lesion. Medical necessity has not been established for surgical consult. The Hand Surgery Consultation is not medically necessary and appropriate.

LidoPro 4 Percent Ointment, 121 Gram x 2: 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 Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and multiple joints. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication. The LidoPro 4 Percent Ointment, 121 Gram x 2 is not medically necessary and appropriate.