

Case Number:	CM15-0115071		
Date Assigned:	06/29/2015	Date of Injury:	01/22/2014
Decision Date:	09/01/2015	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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 01/22/2014. She has reported subsequent left shoulder pain and bilateral upper extremity pain and was diagnosed with left shoulder impingement with acromioclavicular joint arthrosis, sprain/strain of the bilateral wrists, hands and elbows/forearms, carpal tunnel syndrome of the bilateral wrists and hands and tendinitis of the bilateral elbows and shoulders. Treatment to date has included medication, corticosteroid injections, physical therapy and surgery. The injured worker was noted to be prescribed topical Lidopro ointment since at least 02/12/2015. The injured worker underwent surgery of the left shoulder on 02/24/2015. In a progress note dated 05/27/2015, the injured worker complained of painful and tight upper back, neck, shoulders, upper arms, elbows, wrists and hands that was noted to have improved. Neck pain was rated as 6/10 and right shoulder pain was rated as 5/10. Objective findings were notable for decreased range of motion of the cervical and lumbar spine with pain and spasms at C1-C6 and right shoulder pain. A request for authorization of LidoPro 4% topical ointment #121 grams dispensed on 05/27/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4 Percent #121 Gram Dispensed on 5/27/15: 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 Page(s): 111-113.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The topical medication requested is a Lidocaine ointment which is not approved for use. In addition, there was no documentation of a failure of first line therapeutic agents. Therefore, the request for authorization of Lidopro ointment is not medically necessary.