

Case Number:	CM15-0119070		
Date Assigned:	06/29/2015	Date of Injury:	08/03/2010
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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 49 year old female who sustained a work related injury August 3, 2010. Past history included s/p left carpal tunnel release, 2000, s/p right shoulder arthroscopy, labrum debridement, subacromial bursectomy and decompression 2006, s/p right shoulder arthroscopy and acromioplasty 2011, s/p right endoscopic carpal tunnel release, hypertension, diabetes mellitus, and breast cancer diagnosed in 2011, and treated with radiation. According to the pain institutes functional restoration programs progress report, week of May 20, 2015, the injured worker has completed 128 authorized hours, completing week four of five of treatment. Diagnoses are documented as right and left shoulder pain; chronic pain syndrome. Current medication included Hydrocodone/Acetaminophen, Omeprazole, Acetaminophen liquid, Gabapentin, Lexapro, and Lidopro ointment. A week prior, she began taking Norco (1) tab every other day, as she incorporates some self-management techniques learned in the program. She is making progress but struggling with symptoms of depression, secondary to insomnia. Her topical medication is considered indicated to assist with the discontinuation of her oral medications. At the end of the fourth week, she has improved treadmill exercise, lifting capacity, an active exercise program, isometric exercises, and shown motivation to improve overall physical strength and conditioning. At issue, is the request for authorization for Lidopro Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment (4.5% - 27.5% - 0.0325% - 10%) 1 Patch twice daily: 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 lidocainetopical analgesic Page(s): 56-57, 111-113.

Decision rationale: Based on the 03/23/15 progress report provided by treating physician, the patient presents with left shoulder pain rated 8/10. The patient is status post left carpal tunnel release 2000, s/p right shoulder arthroscopy and decompression 2006, s/p right shoulder arthroscopy and acromioplasty 2011, and s/p right endoscopic carpal tunnel release 03/07/13. The request is for Lidopro Ointment (4.5% - 27.5% - 0.0325% - 10%) 1 patch twice daily. RFA with the request not provided. Patient's diagnosis on 03/23/15 included pain in joint of shoulder, and shoulder region disorders not elsewhere classified. Physical examination to the left shoulder on 03/23/15 revealed range of motion restricted and limited, flexion 160, and abduction 150 degrees positive Hawkins test treatment to date included surgeries, imaging studies, functional restoration program and medications. Patient's medications include Hydrocodone, Omeprazole, Acetaminophen, and Lidopro ointment. The patient is on modified duty, per 03/23/15 report. Treatment reports were provided from 09/24/14 - 05/22/15. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS page 112 states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." Lidopro ointment has been included in patient's medications, per progress reports dated 03/23/15 and 05/22/15. Per 03/23/15 report, treater states "patient describes her pain as moderate. She states the medications are helping. She tolerates the medications well...with the current medication regimen, her pain symptoms are adequately managed... Lidopro Ointment: Apply to affected area twice a day." MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or any other form. Ointment implies that Lidopro is in lotion form, hence not supported by guidelines. If treater intended for the patch formulation, it would be indicated for peripheral, localized pain that is neuropathic. This patient presents with shoulder pain, which is not peripheral, localized neuropathic. Furthermore, treater has not provided reason for the request. There is no discussion as to how Lidopro is used, where it is applied and with what efficacy. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.