

Case Number:	CM15-0061372		
Date Assigned:	04/07/2015	Date of Injury:	07/17/2014
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California

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 7/17/14. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having cervical sprain, strain left shoulder pain with cervical radiculitis, superior labral anterior posterior (SLAP) tear and shoulder impingement. Treatment to date has included topical and oral medication, chiropractic care, diagnostics, acupuncture, home exercise program, and modified duty. MRI results were performed on 9/5/14 demonstrated biceps tendinosis, supraspatus tendinosis, SLAP tear, moderate acromioclavicular joint arthrosis. X-Rays were performed on 9/8/14 that demonstrated negative for rib fracture. Electrodiagnostic testing was performed on 3/9/15 and demonstrated cervical radiculopathy on the left side. Currently, the injured worker complains of neck pain that radiates to the upper extremities, (L>R) with weakness, and also has mid back and left shoulder pain. Per the primary physician's progress report (PR-2) of 3/2/15 reported decreased range of motion to the cervical and left shoulder regions, tenderness with palpation to the cervical paraspinal muscles, left trapezius, scapular, and positive O'Brien test in the left shoulder. Current plan of care included application of a compound cream. The requested treatments include Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Lidocaine is 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as LidoPro are not recommended. The claimant had been on LidoPro for several months in combination with oral analgesics. There was no indication of reduction of oral medication use. The continued use of LidoPro is not medically necessary.