

Case Number:	CM15-0065319		
Date Assigned:	04/13/2015	Date of Injury:	04/01/2009
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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 52 year old female, who sustained an industrial injury on 4/1/09. She reported pain in the right upper extremity related to repetitive use. The injured worker was diagnosed as having brachial neuritis, myofascial pain and right carpal tunnel syndrome. Treatment to date has included physical therapy, massage and pain medications. As of the PR2 dated 3/11/15, the injured worker reports chronic right elbow, right forearm, right shoulder and right wrist pain. She indicated that the medications are less effective, but she is still using them. The treating physician noted positive impingement signs and tenderness in the subdeltoid bursa and trapezius. The treating physician requested Lidocaine and Prilocaine 2.5%/2.5% x 2 refills and a right upper extremity ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine and Prilocaine 2.5 Percent-2.5 Percent Apply to Affected Area Twice A Day with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with RIGHT elbow, forearm, shoulder and wrist pain. The request is for lidocaine and prilocaine 2.5 percent - 2.5 percent apply to affected area twice a day with 2 refills. The request for authorization is dated 03/11/15. Physical examination of the right shoulder reveals tenderness on palpation in the biceps groove, subdeltoid bursa, trapezius and right levator. Range of motion is restricted. Hawkins and Neer test is positive. The patient complains of joint pain, joint stiffness, limb pain, loss of function of affected area, morning stiffness, neck pain, and weakness. She is not better with conservative treatment to date with physical therapy, home exercise program and massage. Patient is taking her medications as prescribed, states that medications are less effective, and reports no side effects. The patient's medication includes Ibuprofen up to three times a day for moderate pain. Per progress report dated, 03/11/15, the patient is on modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated, 03/11/15, treater's reason for the request is "She is requesting a topical medical that [she] tried from a friend with similar complaints." In this case, the patient continues with joint pain and stiffness, limb and neck pain, morning stiffness, and weakness. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Right Upper Extremity Arterial Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, arterial ultrasound TOS testing.

Decision rationale: The patient presents with right elbow, forearm, shoulder and wrist pain. The request is for Right Upper Extremity Arterial Ultrasound. The request for authorization is dated 03/11/15. Physical examination of the right shoulder reveals tenderness on palpation in the biceps groove, subdeltoid bursa, trapezius and right levator. Range of motion is restricted. Hawkins and Neer test is positive. The patient complains of joint pain, joint stiffness, limb pain, loss of function of affected area, morning stiffness, neck pain, and weakness. She is not better with conservative treatment to date with physical therapy, home exercise program and massage. Patient is taking her medications as prescribed, states that medications are less effective, and reports no side effects. The patient's medication include Ibuprofen up to three times a day for

moderate pain. Per progress report dated, 03/11/15, the patient is on modified duty. ODG guideline, shoulder chapter states arterial ultrasound TOS testing is: "Not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown. Arterial evaluation using Doppler ultrasound has been suggested. The heterogenous response of asymptomatic individuals with no past history of TOS symptoms raises uncertainty of the validity of positive test responses from extreme arm positions. Clinical decisions based on false positive outcomes have serious implications for mistreatment such as inappropriate surgical intervention; therefore, it is imperative that clinical decision is not based on these test outcomes alone. Further research is required to determine the cause of heterogenous responses in asymptomatics and discover means to improve test specificity." Per progress report dated, 03/11/15, treater's reason for the request is [REDACTED] requested Arterial Ultrasound of upper extremity "to be able to assess her condition and decide best plan of care for her TOS." In this case, the patient continues with findings of TOS, myofascial pains and shoulder pains. However, ODG does not recommend the use of Arterial Ultrasound for TOS testing. Therefore, the request is not medically necessary.