

Case Number:	CM15-0078678		
Date Assigned:	04/29/2015	Date of Injury:	06/19/2013
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/24/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 40-year-old male, who sustained an industrial injury on 06/19/2013. The initial complaints or symptoms included right shoulder pain/injury due to repetitive use. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, electrodiagnostic testing, MRIs, cortisone injections, physical therapy, and chiropractic treatment. Currently, the injured worker complains of right shoulder pain rated 6-7/10 with right upper extremity numbness in the mornings. Current medications include Nalfon and Lidopro cream. There was a noted increase in pain since exam dated 12/22/2014. The diagnoses include right shoulder strain/sprain, thoracic strain/sprain, and myofascial pain. The treatment plan consisted of Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>.

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

Decision rationale: Topical lidopro is not supported under MTUS for topical use. The medical records provided for review do not indicate prior conservative treatment results, indicate failure of first line therapy including oral NSAIDs, or indicate the presence of neuropathic pain condition. MTUS notes any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. As such, lidopro is not supported under MTUS for treatment of the insured and is not medically necessary.