

Case Number:	CM15-0094123		
Date Assigned:	05/20/2015	Date of Injury:	08/09/2014
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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 Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 67 year old female, who sustained an industrial injury, August 9, 2014. The injured worker previously received the following treatments physical therapy helped with activities and decreased pain, Relafen, ice therapy, home therapy and right shoulder MRI. The injured worker was diagnosed with right shoulder bursitis and impingement, right carpal tunnel syndrome and Dupuytren's contracture of the right 5th digit. According to progress note of March 18, 2015, the injured workers chief complaint was right shoulder, right thumb and neck pain. The injured worker noted improvement of pain with physical therapy on the right shoulder. The pain in the shoulder was returning and the injured worker described the pain as constant. The pain was rated at 10 out of 10 without therapy and was reduced to 7 out of 10 with therapy. The physical exam noted tenderness over the trapezius, AC joints and biceps. There was pain with range of motion. The Tinel's and Finklestein's test were positive. The Phalen's was unable to be performed due to pain. The treatment plan included LidoPro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment/Applicator #1: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream is not medically necessary.