

Case Number:	CM15-0098447		
Date Assigned:	05/29/2015	Date of Injury:	10/24/2014
Decision Date:	07/08/2015	UR Denial Date:	05/10/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 54 year old male patient who sustained an industrial injury on 10/24/2014. The first report of illness dated 12/23/2014 reported the patient with subjective complaint of bilateral shoulder pain and left thigh pain status post work related injury. The accident was described as while he was working regular duty performing delivery service unloading a truck when the police responded to a robbery scene in the area. The police handcuffed the patient and the co-workers' for about an hour and during this time the patient was bitten by a police dog on the thigh. His employer was notified and he did seek evaluation 4 days later having had a tetanus injection, radiographic study performed. He continues working without modification and manages the pain without medication. His current complaint is of bilateral shoulder pain right greater that is aggravated by any prolonged activity. The right shoulder pain is dull and constant and the left is found being an intermittent pain. In addition, he reports intermittent right hand numbness. There is also left thigh pain where he was bitten. The impression found the patient having had been bitten, with aggravation of biceps tendonitis right greater. The initial treatment is to consist of rest and activity modification. Naproxen was prescribed, and he will return for ultra sound of right shoulder, if modified work duty continues to aggravate symptom then he should be taken out of work. He will follow up in one month. The following visit dated 01/07/2015 reported subjective complaint of bilateral shoulder pain right greater that is described as constant, throbbing, numbness while sleeping, worse with cold weather and activity; occasionally radiates to hands right greater accompanied by numbness, neck and upper

back tightness. He is diagnosed with the following: bilateral shoulder strain/sprain; tenosynovitis, bilateral shoulders and dog bite. The plan of care noted the patient to undergo ultrasound therapy to right shoulder, continue with modified work duty, continue with medications, use of heat therapy, and consider a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Cream #1 Tube (dispensed 04/15/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: MTUS recommends topical Lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. Additionally the records do not clearly provide a rationale for the component ingredient Capsaicin. Thus overall this request is not medically necessary.