

Case Number:	CM13-0052139		
Date Assigned:	12/27/2013	Date of Injury:	07/13/2010
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported an injury on 07/13/2010. The injured worker was seen on 09/12/2013 for a followup of her neck pain. The injured worker had been utilizing orthotics for her neck which she stated that her tennis shoe orthotics helped more. The injured worker rated her neck pain as an 8/10 to 9/10 that she states is brought on by walking or standing too long. She further stated that she had not taken tramadol for 2 weeks, and also had 3 to 4 injections. She was also continuing stretching exercises but had Achilles reflexes rated as 0 bilaterally, patellar reflexes 1 bilaterally. The injured worker had been diagnosed with plantar fasciitis, myositis, ligament strain of the cervical spine, pain in the left extremity, and issues with her bilateral upper extremities (however, it is unclear what is stated her as the handwriting is illegible). The injured worker was seen most recently for pain in the left heel on 09/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROL PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY and <http://www.drugs.com/mtm/medrol.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/medrol.html>

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental when used as there are few randomized control trials that have proven their efficacy or safety. The online website drugs.com has also been referred to in this case and states that methylprednisolone is a steroid that prevents release of substances in the body that cause inflammation. It can be used to treat many different inflammatory conditions such as arthritis, lupus, psoriasis, ulcerative colitis, allergic disorder, gland (endocrine) disorders, and conditions that affect the skin, eyes, lungs, stomach, nervous system, or blood cells. In the case of this injured worker, the most recent documentation is from 09/2013 which indicates the injured worker has been treated for plantar fasciitis. The injured worker also has chronic neck pain, and had been previously treated with oral and topical medications. However, the documentation does not provide a thorough overview of the efficacy from the use of these medications. Furthermore, the most recent clinical date is from 6 months ago. Therefore, without having a more recent/current comprehensive physical examination providing a thorough overview of the injured worker's pathology, the continuation for the use of this medication and medical necessity cannot be established. As such, the request is not medically necessary and appropriate.

LIDOCAINE/NAPROSYN CREAM: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental as there are few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). The documentation does not indicate the injured worker had utilized any tricyclic or SNRI antidepressants or an AED prior to the request for the lidocaine/Naprosyn cream. Furthermore, there is no documentation that the previous use of this topical analgesic has provided any sufficient relief of pain in regards to the injured worker's condition. Lastly, the most current documentation is from approximately 6 months ago. Therefore, without having a current comprehensive physical examination providing a thorough overview of the injured worker's condition, the requested service is not deemed medically necessary and appropriate.