

Case Number:	CM14-0046174		
Date Assigned:	09/12/2014	Date of Injury:	01/22/2008
Decision Date:	10/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old female was reportedly injured on January 22, 2008. The mechanism of injury is noted as repetitive motion. Previous treatment has included physical therapy, the use of a TENS unit, as well as oral and topical medications. The most recent progress note, dated August 25, 2014 indicates that there are ongoing complaints of pain in the bilateral forearms. Medications include Lidoderm 5% patches and ibuprofen 600 mg. The physical examination demonstrated tenderness along the extensor carpi radialis longus muscle in the forearms bilaterally. Recent diagnostic imaging studies were not available. A request had been made for Lidopro ointment, ibuprofen 600 mg, and a functional capacity evaluation and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112, 105.

Decision rationale: Lidopro ointment is a compound of capsaicin, lidocaine, menthol, and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Lidopro ointment is not medically necessary.

Ibuprofen 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDS (Non-steroidal a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: The previous utilization management review states that there has been no functional benefit from the use of ibuprofen. However the progress note dated August 25, 2014, does state that Ibuprofen has been helping the injured employee maintained her functionality and that she is now working part-time. Considering this, the request for ibuprofen 600 mg is medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Return to Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for a functional capacity evaluation includes prior unsuccessful return to work attempts or that the individual is close to our at maximum medical improvement. The most recent progress note dated August 25, 2014, indicates that the injured employee is already working part-time. Considering this, the request for a functional capacity evaluation is not medically necessary.