

Case Number:	CM14-0193564		
Date Assigned:	12/01/2014	Date of Injury:	05/03/2006
Decision Date:	03/12/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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

Certification(s)/Specialty: Internal 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 is a 52 year old male with a date of injury of 05/03/2006. He fell/jumped off a truck platform. He had an open reduction and internal fixation (ORIF) of a right hip femoral fracture on 05/03/2006 and subsequent right hip arthroplasty on 03/26/2008. He continued to work from 12/2006 to 03/2008. On 03/26/2008 he had revision right hip arthroplasty and never returned to work. Multiple x-rays noted proper alignment of hip. Primary treating physician's progress note of March 2, 2010 documents diagnoses of right hip pain, right hip bursitis, and right hip joint replaced. He has been using Lidoderm patch since at least 2010. On 04/20/2010 it was noted that he had a right hip replacement. He had right hip pain. Exercise and Lidoderm patch were to be continued. The injured worker was determined to be permanent and stationary (P&S) and was not working. He had right hip bursitis. He was using a cane. On 06/01/2010 he had right hip bursitis and acupuncture was advised. On 08/26/2010 he was using Lidoderm patch. On 09/09/2010 a trochanteric steroid injection for hip bursitis provided complete relief of right hip pain. He was to continue Lidoderm patch and exercise. On 07/05/2011 it was noted that he had depression and chronic pain disorder. On 02/25/2014 he had an office visit. He noted that his surgeon told him that there was no relation between his right hip surgery and his right ankle/foot complaints. He has episodes of right ankle and right foot swelling. He injured both playing baseball years ago. The documentation notes that he reported persistent severe pain but that he takes no medication for his pain. The listed diagnoses included myofascial pain syndrome, right hip replacement, iliotibial band syndrome, depression and pelvic/thigh pain. Work status was noted to be not working, and disability status was noted that he remains P&S.

At a physician visit of 10/2/14, he continued to complain of constant right hip and right lower extremity pain rated 8 out of 10 in severity; past medical history was notable for hypertension, and the medications were noted to include Lisinopril and Aleve. Physical examination revealed markedly antalgic gait with use of a single point cane, scar over the right hip and right lower extremity pitting edema and venous stasis changes. Diagnoses were noted to be right hip internal derangement, status post ORIF of right femoral neck fracture and status post right total hip arthroplasty, chronic venous stasis, and chronic pain syndrome with sleep and mood disorder. Naprosyn and Lidoderm were prescribed and a second orthopedic opinion was recommended. Specific indications for Naprosyn were not documented. On 10/10/14, Utilization Review non-certified requests for Lidoderm Patch 5% #30 with 5 refills and Naprosyn 500 mg #60, citing the California MTUS and noting that there was no indication that the injured worker had failed first line medications to qualify for Lidoderm Patch off label, and that there was no indication that he had osteoarthritis of the hip to support use of Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% # 30 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch, topical analgesics Page(s): 56-57, 111-113.

Decision rationale: The MTUS notes that Lidoderm patch is not a first line agent for neuropathic pain and that there must first be evidence of failure of serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants, tricyclic antidepressants, or antiepileptic drugs such as gabapentin/lyrica for peripheral pain. It is FDA approved only for post herpetic neuralgia. There is no documentation that the injured worker had a diagnosis of postherpetic neuralgia. There is no documentation of failure of the first line medications for neuropathic pain as recommended. The request for Lidoderm patch is not medically necessary.

Naprosyn 500mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66-68.

Decision rationale: Per the MTUS, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) indicated for relief of signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patient with moderate to severe pain, and the guidelines recommend that clinicians should weigh the indications for NSAIDS against both gastrointestinal and cardiovascular risk factors. The documentation indicates that the injured

worker has had a right hip arthroplasty with no documentation of osteoarthritis. Diagnoses included right hip bursitis and iliotibial band syndrome. The injured worker also had a diagnosis of hypertension. The MTUS guidelines note that NSAIDS can increase blood pressure in patients with hypertension and may cause fluid retention and edema; the greatest risk occurs in patients taking certain medications, including angiotensin-converting enzyme inhibitors (ACE inhibitors). The injured worker was documented to be taking Lisinopril, an ACE inhibitor, for hypertension. Due to the lack of indication for use of Naproxen, and the potential for toxicity as supported by the MTUS guidelines, the request for Naproxen is not medically necessary.