

Case Number:	CM14-0198596		
Date Assigned:	12/08/2014	Date of Injury:	12/12/2005
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Allergy and Immunology 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 50-year-old male who reported an injury on 12/01/2005. The mechanism of injury was not submitted for review. The injured worker has diagnosis of osteoarthritis of the knee, lumbar postlaminectomy syndrome, chronic pain syndrome, acquired spondylolisthesis, and degeneration of intervertebral disc. Past medical treatment consists of cognitive behavioral therapy, chiropractic therapy, physical therapy, and medication therapy. Medications consist of Lyrica 100 mg, Naproxen 375 mg, Norco 10/325 mg, Zohydro ER 50 mg, and Zohydro ER 30 mg. On 08/27/2013, the injured worker underwent a urinalysis which showed they were compliant with prescription medications. On 10/29/2014, the injured worker complained of low back pain. The injured worker rated present pain 7/10, average pain 4/10 to 6/10, after medication 4/10, and worse 9/10. Physical examination revealed no swelling, erythema, or ecchymosis of the lumbar spine. There was no tenderness to palpation present. Trigger points were not present. There was also no sign of muscle spasm. Range of motion was within normal limits except for flexion, which was limited to 5 degrees, extension which was limited to 10 degrees, right side bending which was limited to 10 degrees, and left side bending which was limited to 10 degrees. Motor strength revealed that the lumbar spine was normal and abdominal muscles were normal as well. Straight leg raise seated was positive on both sides. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 375mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Naproxen Page(s): 72-73.

Decision rationale: The request for Naproxen 375mg #60 is not medically necessary. The California MTUS Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis and is recommended at its lowest effective dose. Guidelines also indicate that NSAIDs should be administered for the shortest duration of time consistent with the individual patient treatment goals. It was indicated in the submitted documentation that the injured worker had been on NSAID therapy since at least 08/27/2013, exceeding the recommended guidelines for short term use. Long term use of Naproxen has patients at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Naproxen be given at its lowest effective dose, which is 250 mg. Given that the request is for 375 mg, it also exceeds the MTUS recommended guideline criteria. Additionally, the efficacy of the medication was not submitted in the report. It did not indicate that the Naproxen was helping with any inflammation the injured worker might be having. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Lidocaine 3% lotion, one 177ml tube, three times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Lidocaine 3% lotion, one 177ml tube, three times per day is not medically necessary. The California MTUS Guidelines state that topical compounds are largely experiment in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines state that Lidoderm patches are the only topical form of lidocaine approved. The submitted documentation did not indicate that the injured worker had not responded to or was intolerant to other treatments. Additionally, the efficacy of the medication was not submitted for review, nor was there any indication that the medication was helping with any functional deficits. As the guidelines do not recommend the use of lidocaine for topical application, the medication would not be indicated. Given the above, the request cannot be established. As such, the request is not medically necessary.

