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| Case Number: | CM14-0211491 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 02/22/2010 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male, who sustained an industrial injury on 2/22/10. He has reported pain in the bilateral shoulders and neck. The diagnoses have included cervical sprain, lumbar degenerative disc disease, depression and right shoulder impingement. Treatment to date has included electrodiagnostic studies, right shoulder surgery, physical therapy and oral medications. As of the PR2 dated 10/20/14, the injured worker reported 5-6/10 pain in right shoulder. The treating physician requested Effexor 75mg #60, Nalfon 400mg #60 and LidoPro Lotion 4ounces. On 12/3/14 Utilization Review non-certified a request for Effexor 75mg #60, Nalfon 400mg #60 and LidoPro Lotion 4ounces. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and osteoarthritis. On 12/16/14, the injured worker submitted an application for IMR for review of Effexor 75mg #60, Nalfon 400mg #60 and LidoPro Lotion 4ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Capsaicin, Topical. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Capsaicin, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 12 Page 111-113 of 12.

Decision rationale: Lidopro is a compound consisting of capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS guidelines indicates that lidocaine ointments are recommended as a second line option for the treatment of neuropathic pain, however there is no documentation that the injured employee has failed to improve with first-line agents. Capsaicin is also recommended as an option for individuals not responding to first-line medications. Menthol and methyl salicylate not known to have any topical efficacy. For these reasons, this request for Lidopro cream is not medically necessary.

Effexor 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16 of 127.

Decision rationale: Regarding Effexor, the injured employee has no radicular nor are there any physical examination findings of abnormal neurological findings. Additionally, while there is a diagnosis of depression, there is no noted efficacy with prior usage of Effexor. However, I respectfully disagree with the UR physician's assertion that the MTUS requires the above for treatment of pain with antidepressants, which is broadly endorsed with few exclusion criteria. The request is medically necessary.

Nalfon 400mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Non-Steroidal Anti-inflammatory, Osteoarthritis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67 - 70, 71 of 127.

Decision rationale: Nalfon is an anti-inflammatory medication. The California MTUS guidelines does indicate that anti-inflammatories are the traditional first-line agent to reduce pain and improve function, and has specific endorsements for lower back pain and OA. Considering the injured employee continued neck pain, back pain, and shoulder pain, this request for Nalfon is medically necessary.