MAXIMUS Federal Services

Case Number:	CM15-0109586		
Date Assigned:	06/16/2015	Date of Injury:	08/01/2013
Decision Date:	07/14/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old male, who sustained an industrial injury on August 1, 2013. The injured worker was diagnosed as having tendonitis, shoulder region disorders elsewhere not classified, shoulder strain/sprain and shoulder bursitis/tendonitis. Treatment to date has included home exercise program (HEP), splints, physiotherapy and medication. A progress note dated April 25, 2015 provides the injured worker complains of shoulder pain. Physical exam notes loss of range of motion (ROM). The plan includes Lidopro topical, Prevacid and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment (Capsaicin, Lidocaine, Menthol, Methyl Salicylate), 121 gm, Qty 1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin topical, Salicylate topicals, Topical Analgesics, Lidocaine topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro topical ointment (Capsaicin, Lidocaine, Menthol, Methyl Salicylate), 121 gm, Qty 1 with 5 refills is not medically necessary and appropriate.

Prevacid 30 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prevacid medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Prevacid namely reserved for patients with history of prior GI bleeding, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any GI diagnosis or clinical findings to warrant this medication. The Prevacid 30 mg Qty 60 with 5 refills is not medically necessary and appropriate.

Voltaren 100 mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren XR). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Diclofenac Sodium (Voltaren, Voltaren XR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and

increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Voltaren 100 mg Qty 60 with 5 refills is not medically necessary and appropriate.