

Case Number:	CM15-0146945		
Date Assigned:	08/07/2015	Date of Injury:	08/17/2012
Decision Date:	09/25/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, elbow, shoulder, and hip pain reportedly associated with an industrial injury of August 17, 2012. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for Lidoderm patches and Naprosyn. The claims administrator referenced an RFA form received on July 14, 2015 in its determination and an associated progress note of July 7, 2015. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of shoulder, elbow, hip, knee and low back pain. Naprosyn, physical therapy, Lidoderm patches, and a Toradol injection were endorsed. The applicant was given primary operating diagnosis of shoulder impingement syndrome status post earlier shoulder arthroscopy. The applicant was also asked to try and obtain a tennis elbow support. On July 7, 2015, the applicant was again given Toradol injection. Multifocal complaints of elbow, shoulder, low back, neck, and hip pain were reported. The applicant was given diagnoses of shoulder impingement syndrome, shoulder strain, hip bursitis, and lumbar spine bursitis. Naprosyn, Lidoderm, and a rather proscriptive 15-pound lifting limitation were endorsed. Once again, no seeming discussion of medication efficacy transpired. It was not stated whether the applicant was or not was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naproxen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, multiple handwritten progress notes including the July 7, 2015 progress note at issue, failed to incorporate any seeming discussion of the medication efficacy. It did not appear that the applicant was working with a rather proscriptive 15-pound lifting limitation in place on that date. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on frequent Toradol injections and topical Lidoderm patches. The limited information on file, in short, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

30 Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicant's in whom there has been a trial of first-line therapy with antidepressants and/or anti-convulsants, here, however, the applicant's presentation was not suggestive of neuropathic pain, which per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and burning sensations. Here, however, the applicant was described as having mechanical complaints of shoulder, arm, elbow, hip, and low back pain reportedly attributed to tendonitis, bursitis, epicondylitis, impingement syndrome, etc., i.e., diagnoses which are not classically associated with neuropathic pain complaints.

The July 7, 2015 progress note likewise made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.