

Case Number:	CM15-0184975		
Date Assigned:	09/25/2015	Date of Injury:	07/14/2010
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 71 year old male who sustained an industrial injury on 07-14-2010. According to a progress report dated 08-19-2015, injured worker reported pain in both shoulders "improving" since patients stop working". Pain was associated with tingling in the right arm and numbness in both arms. Pain was constant and "severe" in intensity. Pain was sharp and throbbing with pins and needles sensation. Pain was relieved with working using his hands and shoulders. He reported pain all the time when walking. Pain in his low back was 10% of his pain. During the past month, the injured worker avoided going to work, socializing with friends, physically exercising, performing household chores, participating in recreation, driving, doing yard work or shopping and caring for himself because of his pain. Diagnoses included lumbago and cervicalgia. "Medications are helping". The treatment plan included Naproxen and topical Methoderm. According to a previous progress report dated 12-30-2014, the provider noted that Tramadol was discontinued due to side effects. The provider noted a history of kidney problems and that Naproxen was discontinued along with any other non-steroidal anti-inflammatory drugs. Documentation shows use of Naproxen dating back to 05-20-2015. An authorization request dated 08-27-2015 was submitted for review. The requested services included Naproxen 550 mg by mouth twice a day as needed #60, topical Methoderm 120 grams to apply three times a day as needed and LidoPro 121 grams apply three times a day as needed. On 09-03-2015, Utilization Review non-certified the request for Naproxen 550 mg #60, topical Methoderm 120 grams and LidoPro 121 grams unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with pain to the bilateral shoulders and lumbar spine. The request is for Naproxen 550mg #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes lumbago and cervicalgia. Diagnosis on 09/04/15 included shoulder strain, rotator cuff tendonitis/bursitis, status post surgery. Physical examination on 08/19/15 revealed tenderness to palpation to the lumbar and cervical spine paraspinal muscles, and the right shoulder. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Naproxen, Mentherm, Lidopro and Omeprazole. The patient is working full-time with restrictions, per 08/19/15 report. MTUS, Anti-inflammatory medications, pg 22 states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Naproxen has been included in patient's medications, per progress reports dated 01/23/15, 05/20/15 and 08/19/15. It is not known when this medication was initiated. Per 08/19/15 report, treater states "continued low back pain and neck pain. Medications are helping." Given the patient's continued pain and mention of benefit, Naproxen would appear to be indicated. However, per 12/30/14 report, treater states "Tramadol ER 150 mg d/c due to side effects... History of kidney problems, Naproxen d/c along with any other nsaid..." In this case, the patient has been previously discharged from NSAID's due to kidney problems. Treater has not provided medical rationale for continuing and requesting this medication which has been previously discharged due to patient's kidney problems. Given lack of documentation, this request is not medically necessary.

Topical Mentherm 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with pain to the bilateral shoulders and lumbar spine. The request is for Topical Mentherm 120gm. Patient's diagnosis per Request for Authorization form dated

08/27/15 includes lumbago and cervicalgia. Diagnosis on 09/04/15 included shoulder strain, rotator cuff tendonitis/bursitis, status post surgery. Physical examination on 08/19/15 revealed tenderness to palpation to the lumbar and cervical spine paraspinal muscles, and the right shoulder. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Naproxen, Methoderm, Lidopro and Omeprazole. The patient is working full-time with restrictions, per 08/19/15 report. Methoderm gel contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Methoderm has been included in patient's medications, per progress report dated 07/15/15 and 08/19/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. Nonetheless, MTUS indicates Topical Salicylates for peripheral joint arthritis/tendinitis conditions. This patient presents with neck, low back and shoulder pain, for which this topical is not supported. MTUS clearly states that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Furthermore, MTUS requires recording of pain and function when medications are used for chronic pain (p60). This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

LidoPro 121gm (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with pain to the bilateral shoulders and lumbar spine. The request is for Lidopro 121gm (unspecified quantity). Patient's diagnosis per Request for Authorization form dated 08/27/15 includes lumbago and cervicalgia. Diagnosis on 09/04/15 included shoulder strain, rotator cuff tendonitis/bursitis, status post surgery. Physical examination on 08/19/15 revealed tenderness to palpation to the lumbar and cervical spine paraspinal muscles, and the right shoulder. Treatment to date has included surgery, imaging studies and medications. Patient's medications include Naproxen, Methoderm, Lidopro and Omeprazole. The patient is working full-time with restrictions, per 08/19/15 report. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine

patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function.

Lidopro patch has been included in patient's medications, per progress report dated 05/20/15. It is not known when this medication was initiated. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with neck, low back and shoulder pain, for which this topical is not supported. There is no documentation of other complaints for which this medication would be considered appropriate. Furthermore, there is no documentation of efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.