

Case Number:	CM15-0185757		
Date Assigned:	09/25/2015	Date of Injury:	01/17/2012
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 1-17-2012. She reported injuries to the knees and hands from a fall. Diagnoses include status post wrist-hand contusion, right knee pain, and status post knee surgery in 2012. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing right knee pain and reported improved left hand and middle finger pain. The knee pain was rated 8 out of 10 VAS and 7 out of 10 VAS with medication. On 4-20-15, the physical examination documented no abnormal findings in the wrist-hand, or bilateral knees. The plan of care included refills for medications as prescribed since February 2015, and a soft knee brace. On 6-22-15, the evaluation documented pain in the right knee rated 7 out of 10 VAS and increases to 10 out of 10 VAS with activity. There were no acute physical findings documented. The plan of care included prescriptions for medications as previously prescribed. The appeal requested authorization for Anaprox 550mg #60 with two refills; Nizatidine 150mg #6 with two refills; and Lidocaine Gel 3% #1 with two refills. The Utilization Review dated 8-21-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Anaprox is not medically necessary.

Nizatidine 150 mg #6 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Nizatidine is a muscle relaxant that is similar to diphenhydramine, but has greater anti-cholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Nizatidine along with Anaprox. Long-term use is not indicated. The use of Nizatidine with 2 additional refills is not medically necessary.

Lidocaine gel 3% #1 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Lidocaine is 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). In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine are not recommended. The claimant was on other topical analgesics in the past. The request for continued and long-term use of topical Lidocaine as above is not medically necessary.