

Case Number:	CM15-0192448		
Date Assigned:	10/06/2015	Date of Injury:	06/26/2013
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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, Illinois

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 injured worker is a 49 year old female, who sustained an industrial injury on 6-26-2013. Medical records indicate the worker is undergoing treatment for cervical sprain/strain, left wrist strain and right wrist surgery. A recent progress report dated 8-19-2015, reported the injured worker complained of headache for the past 3 days, waking her at night and increasing with cold weather, neck pain rated 8 out of 10 and bilateral wrist pain rated 8 out of 10. Physical examination revealed slightly decreased range of motion of the bilateral wrists and tenderness to the cervical spine and bilateral wrists. Treatment to date has included physical therapy and medication management. On 8-19-2015, the Request for Authorization requested Sumatriptan 100 mg # 9 x 3 (retrospective from 08-19-2015) and Lidopro cream 120 ml (retrospective from 08-19-2015). On 9-14-2015, the Utilization Review noncertified the request for Sumatriptan 100 mg # 9 x 3 (retrospective from 08-19-2015) and Lidopro cream 120 ml (retrospective from 08-19-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100 mg Qty 9 x 3 (retrospective DOS 08/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Triptans.

Decision rationale: The injured worker sustained a work related injury on 6-26-2013. The medical records provided indicate the diagnosis of cervical sprain/strain, left wrist strain and right wrist surgery. Treatments have included Treatment to date has included physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for Sumatriptan 100 mg Qty 9 x 3 (retrospective DOS 08/19/15). The MTUS is silent on this medication, but the Official Disability Guidelines recommends it for the treatment of Migraine headache. The medical records indicate the injured worker suffers from headaches, but there is no evidence suggesting the injured worker has been diagnosed of migraine. The request is not medically necessary.

LidoPro cream 120 ml (retrospective DOS 08/19/15): Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 6-26-2013. The medical records provided indicate the diagnosis of cervical sprain/strain, left wrist strain and right wrist surgery. Treatments have included Treatment to date has included physical therapy and medication management. The medical records provided for review do not indicate a medical necessity for: LidoPro cream 120 ml (retrospective DOS 08/19/15). Lidopro is a topical Analgesic containing Capsaicin .000325g in 1g, Lidocaine .045g in 1g, Menthol 1g in 1g, Methyl salicylate .275g. The Topical Analgesics are largely experimental drugs primarily recommended for the treatment of neuropathic pain that has failed treatment with antidepressants and anticonvulsants. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary because Menthol is not recommended, neither is Lidocaine .045g in 1g.