

<b>Case Number:</b>	CM15-0203417		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/14/2010
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

This injured worker is a 53 year old male, who sustained an industrial injury on 08-14-2010. The injured worker was diagnosed as having lumbosacral - joint- ligament sprain-strain, thoracic sprain-strain and lift sided lumbosacral or thoracic, neuritis or radiculitis - unspec. On medical records dated 07-23-2015 and 09-15-2015 the subjective complaints were noted as ongoing low back pain that radiated to left lower extremity. Pain was noted as a 5. Pain without medication was noted as 6-7 out 10 and pain with medication was noted as 3 out of 10. Objective findings were noted as spasms and tenderness throughout the entire back and buttock. Decreased sensation in the left lower extremity and weakness in lower left extremity was noted. Treatments to date included medication, home exercise program, therapy, and ice-heat treatment. The injured worker was noted to be off work. Current medications were listed as Naproxen (since at least 05- 2015), Gabapentin, Lidopro cream (since at least 05-2015), HCTZ and Metoprolol ER. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was dated 09-15- 2015. The UR submitted for this medical review indicated that the request for Retrospective Naproxen Sodium 550mg #60 and Lidopro cream 121 gm (DOS 9/15/2015) was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen Sodium 550mg #60 (DOS 9/15/2015): Upheld**

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

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

**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 NSAID's 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 for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The patient remains off work with unchanged symptom complaints. The Retrospective Naproxen Sodium 550mg #60 (DOS 9/15/2015) is not medically necessary and appropriate.

**Retrospective Lidopro cream 121gm (DOS 9/15/2015): 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): Topical Analgesics.

**Decision rationale:** 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 analgesic. The Retrospective Lidopro cream 121gm (DOS 9/15/2015) is not medically necessary and appropriate.