

Case Number:	CM15-0029247		
Date Assigned:	02/23/2015	Date of Injury:	08/27/2014
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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 28-year-old male, with a reported date of injury of 08/27/2014. The diagnoses include right knee meniscal tear, lumbar sprain/strain, status post right knee surgery, scoliosis, and thoracic spine sprain/strain. Treatments included physical therapy, chiropractic manipulation of the back, oral medications, transcutaneous electrical nerve stimulation (TENS unit), and heat. The progress report dated 01/20/2014 indicates that the injured worker reported right knee and back pain. He rated the pain 6 out of 10. The injured worker reported some improvement with physical therapy for his right knee. The medications and TENS unit were helpful for the pain. The objective findings included normal gait and an unchanged musculo-skeletal examination. The treating physician requested Naproxen 550mg #60 and Lidopro cream 12 grams (4 fluid ounces) for pain control. On 01/23/2015, Utilization Review (UR) denied the request for Naproxen 550mg #60 and Lidopro cream 12 grams (4 fluid ounces), noting that there was no evidence of objective functional gains with use of Naproxen; no documentation of failed trials of anticonvulsant and antidepressant therapy; and no evidence of objective functional gains with use of Lidopro cream. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Anti-inflammatory medications Medications for chronic pain Page(s): 60-61, 22, 67-68.

Decision rationale: According to the 02/17/2015 report, this patient presents with 6/10 right knee and low back pain. The current request is for Naproxen 550mg #60 and it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is remain off work until TTD. The MTUS Guidelines page 22 reveal the following regarding NSAIDs, 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. In reviewing of the one progress report provided, the treating physician indicates Meds: Naproxen 550 mg and TENS unit helpful for pain. In this case, the patient has chronic back and knee pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary

Lidopro Cream 12gm (4fl oz): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the 02/17/2015 report, this patient presents with 6/10 right knee and low back pain. The current request is for Lidopro cream 12mg 4 fl. oz. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.