

Case Number:	CM15-0219936		
Date Assigned:	11/13/2015	Date of Injury:	11/28/2009
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

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 67 year old male, who sustained an industrial injury on 11-28-2009. The injured worker was diagnosed as having chronic right shoulder pain secondary to failed surgical syndrome with recurrent tear and focal retraction of the supraspinatus muscle, degenerative disc disease of the lumbar spine with facet arthropathy and myofascial pain syndrome, and chronic gastritis secondary to medication compliance. Treatment to date has included diagnostics, right shoulder surgery in 2011, physical therapy, and medications. On 9-10-2015, the injured worker complains of pain in his right shoulder, low back, and abdomen. His right shoulder pain was rated 8 out of 10 and low back pain was rated 3 out of 10. He was previously placed on a proton pump inhibitor for gastritis and reported significant improvement in symptoms. Exam of the right shoulder noted well-healed portals and decreased range of motion. Exam of the lumbar spine noted tenderness and decreased range of motion. His work status was total temporary disability. Current medication regimen was not documented. Failed medication, if any, was not specified. On 10-29-2015 Utilization Review non-certified a request for compound medication, Naproxen-Lidocaine-Menthol-C-PCCA Lipo 30 day supply Qty: 120 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Naproxen/Lidocaine/Menthol C/PCCA Lipo day supply: 30, QTY: 120 with no refills: 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, a topical analgesic compounded medication (Naproxen/Lidocaine/Menthol C/PCCA Lipo) was recommended by the provider. There was no clear documentation of this medication being used previous to this request, although if this is a request for continuation, there was no report found on how effective it was. Regardless, this medication is not appropriate due to there being no record of first-line therapies tried and failed before its consideration, and as NSAIDs are not recommended for long-term use, this compounded topical analgesic is not medically necessary at this time.