

Case Number:	CM15-0227077		
Date Assigned:	11/23/2015	Date of Injury:	07/10/2014
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/18/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 55 year old female, who sustained an industrial injury on 7-10-14. The injured worker was being treated for shoulder joint pain, sleep disturbance, shoulder impingement, depression and bursitis. On 9-18-15 and 10-22-15, the injured worker reports improvement in right shoulder pain with current medications, she notes pain radiates to right side of neck and upper back. Fifty percent improvement in pain is noted with Naproxen, LidoPro and Gabapentin. She is currently not working. Physical exam performed on 9-18-15 and 10-22-15 revealed decreased range of motion of right shoulder, tenderness to palpation of anterior aspect of glenohumeral joint line and antalgic gait. Treatment to date has included oral medications including Naproxen 550mg (since at least 4-21-15) and Gabapentin; topical LidoPro (since at least 4-21-15), steroid injections, TENS unit, chiropractic treatment, massage therapy and activity modifications. The treatment plan included continuation of massage therapy, refilling of Omeprazole, Gabapentin, Naproxen, Venlafaxine and LidoPro; refilling of TENS patches, continuation of chiropractic treatment and massage therapy. On 11-2-15 request for Naproxen 550mg #60 and LidoPro cream 121gm with 1 refill was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Overturned

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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is medically necessary to the patient at this time.

Lidopro cream 121gm with 1 refill: 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patch. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as gabapentin or Lyrica) Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications such as those suggested above were not used prior to the Lido patches. Therefore, Lido Pro is not medically necessary to the patient at this time.