

Case Number:	CM15-0031394		
Date Assigned:	02/24/2015	Date of Injury:	10/20/2008
Decision Date:	04/09/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/19/2015

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, Hawaii
 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 47 year old, male patient who sustained an industrial injury on 10/20/2008. A primary treating office visit dated 02/04/2015 reported chief complaint of right shoulder and right knee pain. Objective findings showed the patient with chronic musculoskeletal pain and currently the condition is stable but he has costo chondritis symptoms to upper left chest; reproducible on pressure. The following diagnoses are applied; traumatic arthropathy of shoulder and patellar tendinitis. A request was made for Norco 10/325MG, ibuprophen 800MG and Compound cream. On 02/16/2015 Utilization Review, non-certified the request noting the CA MTUS, Chronic Pain , Opioids, Topical Analgesic were cited. On 02/19/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Ibuprofen 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with pain affecting the right shoulder and right knee. The current request is for 90 Tablets of Ibuprofen 600 mg. The treating physician report dated 2/4/15 (22) states, "Grinding right knee still painful with difficulty in climbing stairs. Also has right shoulder popping with pain." The requesting treating physician report provides no rationale for the current request. Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Medical reports provided, show the patient has been taking Ibuprofen since at least 8/4/14 (84B). In this case, the current request may be medically necessary but a record of pain and function with the medication was not found in any of the medical reports provided for review. The current request does not satisfy the MTUS guidelines as there is no documentation in the medical reports provided, of functional improvement or evidence of the medications efficacy in treating the patient's symptoms. Recommendation is for denial.

1 Container of Flurbiprofen 20% and Lidocaine 5% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with pain affecting the right shoulder and right knee. The current request is for 1 Container of Flurbiprofen 20% and Lidocaine Cream. The treating physician report dated 2/4/15 (22) states, "Grinding right knee still painful with difficulty in climbing stairs. Also has right shoulder popping with pain." MTUS guidelines regarding topical lidocaine states, "in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Medical reports provided, show the patient has been using this medication since at least 12/2/14. In this case, the MTUS guidelines do not recommend the use of Lidoderm in a cream formulation, as outlined on page 112. Furthermore, there was no documentation of the medication's efficacy in treating the patient's symptoms and there was no rationale provided by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.