

Case Number:	CM15-0046957		
Date Assigned:	03/19/2015	Date of Injury:	08/30/2006
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 58-year-old female, with a reported date of injury of 08/30/2006. The diagnoses include cervical degenerative disc disease, lumbar degenerative disc disease, right shoulder adhesive capsulitis, status post right partial rotator cuff surgery, persistent headaches, chronic pain, and bilateral knee chondromalacia patella and degenerative joint disease. Treatments to date have included chiropractic therapy, acupuncture, physical therapy, a home exercise program, oral medications, and a cane. The progress report follow-up dated 02/09/2015 indicates that the injured worker complained of neck and back pain. She rated the pain 3-5 out of 10. The injured worker reported radiation of burning and numbness down the right arm to the hand, and frequent headaches. She reported that the medications allow improvement in function. The objective findings showed a mildly antalgic gait, tenderness to palpation of the bilateral upper trapezius muscles, decreased cervical range of motion, decreased sensation in the right C5, C6, and C8 dermatomes, tenderness to palpation of the lumbar paraspinal muscles, decreased lumbar range of motion, and decreased sensation in the right L5 and S1 dermatomes. The treating physician requested topical ketoprofen cream to reduce pain and inflammation and Lidoderm patches to minimize the use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3 ketoprofen 20% #1 between 2/9/2015 and 4/11/2015: Upheld

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

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

Decision rationale: The patient is a 58 year old female with an injury on 08/30/2006. She has chronic neck and low back pain. MTUS, Chronic Pain, topical analgesics guidelines note that efficacy in clinical trials of topical NSAIDs are inconsistent. Most of the studies are small and of short duration. Also Ketoprofen cream is not FDA approved is not medically necessary for this patient.

30 lidoderm patches 5% with 5 refills between 2/9/2015 and 4/11/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56 - 57.

Decision rationale: The patient is a 58 year old female with an injury on 08/30/2006. She has chronic neck and low back pain. Lidoderm patch is FDA approved for post herpetic neuralgia and according to MTUS guidelines further research is needed for the treatment of chronic neuropathic pain disorders that are not post herpetic neuralgia. It is not medically necessary for this patient.