

Case Number:	CM15-0047290		
Date Assigned:	03/19/2015	Date of Injury:	11/30/2007
Decision Date:	05/01/2015	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 11/30/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having lateral elbow epicondylitis, carpal tunnel syndrome, de Quervain's tenosynovitis, and myofascial pain. Treatment to date has included conservative measures, including diagnostics and medications. X-rays of the bilateral hips, dated 1/13/2015, noted preserved hip joint spaces and vague patchy sclerosis in the bilateral femoral heads. A progress report, dated 1/14/2015, noted bilateral hip pain, at times with radiation to her feet. She had difficulty with mobility and activities of daily living. The pain gave her difficulty sleeping. Her height was 4'11" and weight was 170 pounds. Physical exam noted groin pain with straight leg raise. Strength was 5/5 in the lower extremities and light touch was intact. Repeat diagnostic testing was recommended. The PR2 report, dated 2/12/2015, displayed poor image quality, and was greatly illegible. Currently, the injured worker complains of bilateral hip pain and left ankle pain, rated 8/10. Objective findings included an antalgic gait and a knee brace. Current medication use was not described. The treatment plan included continued transcutaneous electrical nerve stimulation unit and home exercise program. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidopro lotion 121gm is not medically necessary.

Venlafaxine ER 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Venlafaxine (Effexor).

Decision rationale: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The patient carries a diagnosis of carpal tunnel syndrome which causes neuropathic pain. Venlafaxine ER 150mg #30 is medically necessary.