MAXIMUS Federal Services

Case Number:	CM15-0048570		
Date Assigned:	03/20/2015	Date of Injury:	02/23/2012
Decision Date:	05/11/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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, Public Health & General Preventive 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 41-year-old male who reported injury on 02/23/2012. The mechanism of injury was the injured worker was reaching for a rack with his left hand when he felt a sharp pain on the lateral epicondyle. Prior treatments included a lateral epicondylar release, cortisone injections, and physical therapy. There was a Request for Authorization for medications dated 03/02/2015. There was a Request for Authorization submitted for review for gabapentin and naproxen on 03/19/2015. The documentation of 02/19/2015 revealed the injured worker had a prescription for cyclobenzaprine 7.5 mg #60, naproxen 550 mg #60, LidoPro topical cream, and gabapentin 100 mg. Additionally, the documentation indicated there was a prescription for ibuprofen. The chief complaint was left elbow pain. The injured worker was noted to have mild swelling on the left elbow. The injured worker had tenderness to palpation in the lateral elbow. The injured worker had decreased pronation and supination. The strength was 3-4/5. The deep tendon reflexes were 2+ and the injured worker was noted to have hyperesthesia of the left elbow and left proximal forearm. The diagnosis included CRPS, tenosynovitis, and left elbow pain status post surgery. The treatment plan included a referral to an orthopedic surgeon, a home exercise program, EMG/NCV of the left lower extremity, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication as well as the date of request for retrospective service. Given the above, the request for retrospective cyclobenzaprine 7.5 mg #60 is not medically necessary.

Retrospective Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication as well as the date for retrospective service. Given the above, the request for retrospective naproxen sodium 550 mg #60 is not medically necessary.

Retrospective Lidopro cream 121gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide documentation of a failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors. There was a lack of documentation of a failure of first line therapy including gabapentin. The injured worker was concurrently utilizing gabapentin. Additionally, the request as submitted failed to indicate the frequency and body part to be treated, as well as the date of service for the request. Given the above, the request for retrospective LidoPro cream 120 gm #1 is not medically necessary.

Retrospective Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 30% to 50% decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication as well as the date for the retrospective request. Given the above, the request for retrospective gabapentin 100 mg #60 is not medically necessary.