

Case Number:	CM15-0080928		
Date Assigned:	05/01/2015	Date of Injury:	09/13/2013
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency 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:

This 42 year old woman sustained an industrial injury on 9/13/2013. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 3/17/2015, cervical spine x-rays dated 6/27/2014, and electromyogram of the bilateral upper extremities dated 7/21/2014. Diagnoses include cervical herniated nucleus pulposus, cervical radiculopathy, and right shoulder sprain/strain. Treatment has included oral and topical medications, physical therapy, chiropractic treatment, and home exercise program. Physician notes on a PR-2 dated 4/3/2015 show complaints of neck pain that radiates to the right upper extremity and is rated 7/10. Recommendations include acupuncture, lumbar epidural steroid injection possible after acupuncture, Norflex ER, Naproxen, Prilosec, LidoPro, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Tab #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen Sodium 550mg Tab #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck pain that radiates to the right upper extremity and is rated 7/10. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550mg Tab #60 is not medically necessary.

Lidopro Topical Ointment/Applicator #1: Upheld

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

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

Decision rationale: The requested Lidopro Topical Ointment/Applicator #1 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has neck pain that radiates to the right upper extremity and is rated 7/10. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro Topical Ointment/Applicator #1 is not medically necessary.