MAXIMUS Federal Services

| Case Number: | CM15-0089390 | | |
|---|---|---|---|
| Date Assigned: | 05/13/2015 | Date of Injury: | 01/27/2010 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

## 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:

The injured worker is a 61 year old female who sustained an industrial injury on 01/27/2010. Current diagnoses include status post right middle finger trigger release, cervical spine pain (not accepted), right shoulder rotator cuff tendinitis, and status post bilateral carpal tunnel release. Previous treatments included medication management, left carpal tunnel surgery 11/2010, right carpal tunnel release 12/2010, right middle finger trigger release 07/2014. Report dated 04/08/2015 noted that the injured worker presented with complaints that included ongoing pain in the neck with radiation to the right shoulder, and pain and weakness in the bilateral wrists. Pain level was not included. Physical examination was positive for shoulder tenderness, decreased range of motion in the shoulders, positive Hawkin's test bilaterally, and decreased range of motion in the wrists. The treatment plan included refilling medication which included gabapentin, trazadone, Norco, naproxen sodium, Lidoderm patches, and recommendation for an MRI of the cervical spine. Disputed treatments include Naproxen and Lidoderm patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, #60 (script +3):** Upheld

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

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

**Decision rationale:** Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on Naproxen chronically. Provider has failed to document any benefit on this medication. The number of refills requests are inappropriate and does not meet MTUS guidelines for close monitoring and documentation on medication therapy. Chronic use of naproxen with no documentation of any benefit is not medically necessary.

**Lidoderm Patch 5%, #30 (script +3):** 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 (lidocaine patch) Page(s): 56-57.

**Decision rationale:** As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnoses. It may be considered after failure of 1st line treatment. Patient has no reported treatment failure of 1st line agents. Patient has been on Lidoderm chronically. Provider has failed to document any benefit on this medication. The number of refills requests are inappropriate and does not meet MTUS guidelines for close monitoring and documentation on medication therapy. Lidocaine patch is not medically necessary.