

Case Number:	CM15-0011110		
Date Assigned:	01/29/2015	Date of Injury:	04/27/2012
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 04/27/2012 due to cumulative trauma. His diagnoses included pain in the limb. Past treatments include medication acupuncture, medications, surgery, and cognitive behavioral therapy. On 10/06/2014, the injured worker complained of hernia pain. The physical examination was not provided for review. Relevant medications were also not noted. The treatment plan included Anaprox and Cream. A rationale was not provided for review. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-69.

Decision rationale: The request for Anaprox is not medically necessary. According to the California MTUS Guidelines, NSAIDs are indicated for the treatment of osteoarthritis including the knee and hip. Furthermore, they recommend at the lowest dose for the shortest period of time, and there should be documentation of an initial therapy of acetaminophen for the treatment of mild to moderate pain prior to prescribing NSAIDs. The injured worker was indicated to have been on Anaprox for an unspecified duration of time. However, there was a lack of documentation to indicate that the injured worker had osteoarthritis or had an initial therapy of acetaminophen prior to using Anaprox. In addition, the guidelines recommend the use of this medication at the lowest dose for the shortest period. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The request for cream is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended after a failed trial of antidepressants or anticonvulsants. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is therefore not recommended. The injured worker was indicated to have been prescribed a cream. However, there is a lack of documentation to specify the formulation compound within the cream. In addition, there is a lack of documentation to indicate the injured worker has failed a trial of antidepressant and anticonvulsants. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.