

Case Number:	CM15-0120119		
Date Assigned:	06/30/2015	Date of Injury:	08/22/2012
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 60 year old male who sustained a work related injury August 22, 2012. Following the repeated use of both upper and lower extremities, he began having pain in his neck, shoulders, wrists, and hands. Past history included hypertension, gastric ulcer, left shoulder surgery, 1996 and 1999, and right wrist carpal tunnel release and right middle trigger finger release September, 2012. A treating physician's notes, dated December 15, 2014, are handwritten and unable to decipher. According to a primary treating physician's progress report, dated October 14, 2014, the injured worker presented with continued pain of the left shoulder and weakness of the left arm. Objective findings included tender left shoulder and positive impingement sign with failed injection. Diagnoses are left shoulder tendonitis; cervical strain; carpal tunnel both wrists. Treatment plan included pending a medical evaluation and arthroscopy surgery scheduled for November 26, 2014. A physician's examination dated February 23, 2015 (pages 1-6 are missing) document the diagnoses as moderate degenerative disc disease C3-4 and C5-6; bilateral shoulder impingement syndrome; bilateral thumbs mild ulnar collateral ligamentous instability; chronic thoracolumbar strain; mild to moderate degenerative disc disease, L5-S1; right knee chronic anterior cruciate ligament tear, pre-existing, right calf chronic medial gastrocnemius tear; right heel plantar fasciitis. At issue, is the request for authorization for Naproxen, Flector topical patch, and Flurbiprofen/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: 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 Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document previous trial of treatment with acetaminophen and outcome. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type when there is failure or contraindication to acetaminophen trial. As such, the medical records provided for review do not support the use of naproxen for the insured, as there is no indication of persistent pain despite a trial acetaminophen. Therefore, the request is not medically necessary.

Flector 1.3% topical patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications Page(s): 111.

Decision rationale: The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS after trial of acetaminophen. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review do not indicate a pain condition related to neurological condition or detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such, the mediation records do not support the use of topical flector patch at this time as medically necessary. Therefore, the request is not medically necessary.

Flurbiprofen 30%/Lidocaine 10% 240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical pain medications Page(s): 111.

Decision rationale: The medical records report joint pain but does not indicate failure of oral NSAIDS or demonstrate findings that contraindicate oral NSAIDS after trial of acetaminophen. MTUS supports topical NSAIDS for conditions where oral NSAIDS are not helpful or contraindicated. MTUS guidelines support that topical pain preparations are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review do not indicate a pain condition related to neurological condition or detail previous trials of antidepressants or anticonvulsants tried and failed or demonstrated to be intolerant. As such, the medication records do not support the use of topical flurbiprofen/lidocaine at his time as medically necessary. Therefore, the request is not medically necessary.