

Case Number:	CM15-0121765		
Date Assigned:	07/02/2015	Date of Injury:	07/22/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 28 year old male with an industrial injury dated 07/22/2014. His diagnoses consisted of wrist fracture, lumbosacral radiculopathy, shoulder bursitis and wrist bursitis. Prior treatment included physical therapy and medications. He presented on 03/11/2015 with complaints of pain over the left wrist especially over the pinky and lateral aspect of the wrist. He rates the pain as 7-8/10. He also complains of low back pain. He presented on 05/13/2015 with continued complaints of pain. There was tenderness over the fifth metacarpal of the left hand with decreased range of motion on flexion and extension of the fifth digit. Decreased sensation is noted over the fifth digit. Treatment plan included medications. Work status was modified. The treatment request is for Lidopro 121 gm with 5 refills, Prevacid 30 mg # 60 with 5 refills and Voltaren 100 mg # 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121gm + 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for left wrist pain and radiating low back pain. He had a fracture of the left fifth metacarpal treated with splinting. When seen, there was fifth metacarpal tenderness with decreased range of motion and decreased sensation. There was lumbar paraspinal muscle tenderness with spasm. He had decreased lumbar spine range of motion with decreased sensation and an antalgic gait. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.

Prevacid 30mg #60 + 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for left wrist pain and radiating low back pain. He had a fracture of the left fifth metacarpal treated with splinting. When seen, there was fifth metacarpal tenderness with decreased range of motion and decreased sensation. There was lumbar paraspinal muscle tenderness with spasm. He had decreased lumbar spine range of motion with decreased sensation and an antalgic gait. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prevacid was not medically necessary.

Voltaren 100mg #60 + 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for left wrist pain and radiating low back pain. He had a fracture of the left fifth metacarpal treated with splinting. When seen, there was fifth metacarpal tenderness with decreased range of motion and decreased sensation. There was lumbar paraspinal muscle tenderness with spasm. He had decreased lumbar spine range of motion with decreased sensation and an antalgic gait. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Voltaren (diclofenac) is up to 150 mg per day. In this case, the requested dosing is in excess of the guideline recommendation and not medically necessary.