

Case Number:	CM15-0028432		
Date Assigned:	02/23/2015	Date of Injury:	01/17/2013
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of January 17, 2013. In a January 26, 2015 utilization review report, the claims administrator denied a request for diclofenac and a LidoPro cream apparently dispensed on or around January 19, 2015. The applicant's attorney subsequently appealed. In said January 19, 2015 progress note, the applicant reported ongoing complaints of elbow pain secondary to elbow epicondylitis, 6/10. The applicant was using fenoprofen and Biofreeze samples. The applicant was not working with a 15-pound lifting limitation in place. The applicant was given refills of diclofenac and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request (DOS: 1.19.15) Diclofenac ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should incorporate some discussion of applicant-specific variables such as other medications which an applicant is taking into his choice of recommendations. Here, the attending provider did not, however, furnish a clear or compelling rationale for usage of two separate NSAIDs, diclofenac and fenoprofen. It is not clearly stated whether the attending provider intended for the applicant to employ diclofenac to replace previously prescribed fenoprofen or whether he intended for the applicant to employ the two NSAIDs in parallel. Therefore, the request was not medically necessary.

Retro request (DOS: 1.19.15) Lidopro cream 121gr #2 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

Decision rationale: Similarly, the request for LidoPro cream was likewise not medically necessary, medically appropriate, or indicated here. LidoPro is a lidocaine-containing cream. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there is no mention of the applicant as having previously tried and/or failed anticonvulsant adjuvant medications or antidepressant adjuvant medications prior to introduction of the lidocaine-containing LidoPro compound at issue. It is further noted that the applicant's presentation on January 19, 2015 was consistent with an established diagnosis of elbow epicondylitis. It did not appear, thus, that the applicant had any neuropathic pain complaints evident on that date. Therefore, the request was not medically necessary.