

Case Number:	CM15-0028879		
Date Assigned:	02/20/2015	Date of Injury:	12/04/2013
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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 32 year old male, who sustained an industrial injury on 12/04/2013. He has reported subsequent right hand and right upper extremity pain and was diagnosed with right hand injury, right shoulder sprain/strain and status post right hand surgery. Treatment to date has included oral and topical pain medication, acupuncture, application of heat and ice, TENS unit and a home exercise program. In a progress note dated 01/16/2015, the injured worker complained of right hand, index finger and shoulder pain that was rated as 7-8/10. Objective physical examination findings were notable for decreased range of motion of the right shoulder. A request for authorization of Naproxen and Lidopro refills was made. On 02/03/2015, Utilization Review non-certified requests for Lidopro topical and Naproxen, noting that documentation didn't support a significant change in visual analog scale score, pain or functional improvement with the use of these medications and that topical agents are largely experimental. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical 4oz, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Lidopro Topical 4oz, #1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has right hand, index finger and shoulder pain that was rated as 7-8/10. Objective physical examination findings were notable for decreased range of motion of the right shoulder. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Lidopro Topical 4oz, #1 is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg, #60, is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has right hand, index finger and shoulder pain that was rated as 7-8/10. Objective physical examination findings were notable for decreased range of motion of the right shoulder. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg, #60 is not medically necessary.