MAXIMUS Federal Services

Case Number:	CM15-0061247		
Date Assigned:	04/07/2015	Date of Injury:	03/29/2013
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 03/29/2013. The injured worker is currently diagnosed as having knee pain, lower back pain, neck pain, shoulder pain, superior labral tear from anterior to posterior tear, myofascial pain, and depression. Treatment to date has included Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, home exercise program, and medications. In a progress note dated 01/15/2015, the injured worker presented with complaints of continued pain in his low back, neck, right/left knee, left shoulder, and left wrist with numbness in his left upper extremity. The treating physician reported requesting authorization for a Naproxen and a trial of Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pages. 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidopro. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications such as those suggested above were not used prior to the Lidocaine. Therefore, Lidopro is not indicated as a medical necessity to the patient at this time.

Naproxen 550mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is indicated a medical necessity to the patient at this time.