MAXIMUS Federal Services

Case Number:	CM15-0099870		
Date Assigned:	06/02/2015	Date of Injury:	07/08/2014
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California
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 60-year-old male patient who sustained an industrial injury on 07/08/2012. The accident was described as while working regular duty as a maintenance worker assisting a co-worker in lifting a 70-pound stone from the floor to a dumpster when his left hip and left leg started to hurt. He continued working about two more hours and informed the employer the following week. He stopped working the day after the incident and has not worked since. He was subsequently evaluated, underwent radiography scan and attended one chiropractor session. Of note, the patient has multiple workers compensation injuries. Current medications are Amlodipine, Lisinopril, Naproxen, Sertraline, Flexeril, Tramadol, Tompiramate, and Omeprazole. He is with subjective complaint of having intermittent dull to sharp pain; giving way of hip, and falls. There is numbness to the left lower extremity from knee to the ankle posterior aspect. There is also left knee pain that is constant along with it can also give way. He describes feeling of sadness after his second job injury because he can no longer work and take care of his child. He states having crying spells. He is ambulatory displaying anger on and off; hopelessness and a limp of the left lower extremity. Objective findings showed the left hip tender to palpation of the lateral and posterior aspects as well as the left groin. The left hip is with pain throughout end range in all motions. The left knee is tender to patellar tendon, and there is positive ballottement sign. The following diagnoses are applied: hip or thigh strain; knee injury; sleep disturbance; knee tendinopathy; chondromalacia knee, patella, and depression. The plan of care involved continuing with a home exercise program, continue utilizing a transcutaneous nerve stimulator unit, wear knee brace 9dispensed), recommending undergo physical therapy, radiography study, and magnetic resonance imaging study, request sleep evaluation and pending psychiatric follow up authorization. He also was found prescribed Lidopro ointment 03/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. LidoPro contains Lidocaine and Methyl Salicylate (NSAID) Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs are indicated for short-term use for osteoarthritis. Te claimant also does not have this diagnosis. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as LidoPro patches are not recommended. Topical NSAIDS can reach systemic levels similar to oral and the claimant was on oral NSAIDs as well. The request for continued and long-term use of LidoPro as above is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was placed on oral and topical NSAIDS which can reach similar systemis levels and side effects. There was no indication of reduction of these medications to reduce GI risks. Therefore, the continued use of Omeprazole is not medically necessary.

Tenspatch x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of future use was not specified and the claimant had been on TENS along with numerous analgesics without quantifiable specific pain relief. The request for continued use of a TENS unit is not medically necessary and therefore its patches are not medically necessary.