

Case Number:	CM13-0034553		
Date Assigned:	12/11/2013	Date of Injury:	06/18/1986
Decision Date:	01/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic shoulder pain, carpal tunnel syndrome, and chronic neck pain reportedly associated with an industrial injury of October 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; topical patches; unspecified amounts of physical therapy; chiropractic manipulative therapy and acupuncture; and a wrist splint. The applicant has also been given permanent work restrictions and does not appear to have returned to work with said primary restrictions in place. In a utilization review report of October 1, 2013, the claims administrator certified a request for Prilosec, denied a request for Norco, denied a request for Flexeril, and denied a request for topical LidoPro ointment. The applicant's attorney later appealed. A later note of November 5, 2013 is notable for comments that the applicant reports persistent shoulder pain. The applicant has a pending epidural steroid injection. The applicant has transaminitis, it is stated. She is using a TENS unit. Her pain is 8/10. She is on Norco, Flexeril, Prilosec, ketoprofen, and LidoPro. The applicant states that the medications are decreasing her pain levels. The applicant states that she is using LidoPro so as to limit oral medication usage. She has apparently been asked to limit her oral medication usage owing to transaminitis. It is stated that the medications are, in combination, preventing GI upset and allowing her to function. In an applicant questionnaire on September 5, 2013, the applicant acknowledges that she last worked in 2009. She states that medications are helping. She denies any stomach upset. She states that the topical cream is diminishing her consumption of oral medications and improving her overall level of function. An earlier note of March 26, 2013, is notable for comments that the applicant denies any side effects wit

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #45: 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 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or decreased pain affected as a result of opioid usage. In this case, the information on file does suggest that the applicant has in fact demonstrated improved performance of non-work activities of daily living and reduction in pain scores through ongoing Norco usage. Continuing the same, on balance, is indicated, although it does not appear that the applicant has returned to work. Nevertheless, on balance, two of the three criteria for continuation of opioid therapy have been met. Accordingly, the request is certified.

Omeprazole 20mg #60: 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 Page(s): 80.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants at heightened risk for gastrointestinal events should consider using a proton pump inhibitor in conjunction with NSAID usage. In this case, the applicant has been given a prescription for oral ketoprofen. She is 65 years of age or greater, suggesting that she is at heightened risk for gastrointestinal events, as suggested on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified.

Cyclobenzaprine 7.5mg #60: 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 Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this

case, the applicant is using several oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified.

LidoPro cream: 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 Page(s): 112, 105, 111.

Decision rationale: Per the National Library of Medicine (NLM), LidoPro is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. In this case, it appears that all the ingredients in the compound carry tepidly favorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines. For instance, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that capsaicin, one of the ingredients here, can be used as an option in those individuals who have not responded to or are intolerant to other treatments. In this case, the applicant's issues with transaminitis apparently limit her ability to consume Tylenol-containing medications such as Norco. Thus, the capsaicin element of the compound is supported. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that lidocaine can be employed for neuropathic pain in those individuals in whom oral antidepressants and/or anticonvulsants have been tried and/or failed. In this case, however, the applicant's issues of transaminitis apparently prevent provision of oral antidepressants and/or anticonvulsants, it has been suggested. Finally, the methyl salicylate component of the request is recommended outright, per page 105 of the MTUS Chronic Pain Medical Treatment Guidelines. Since none of the ingredients in the compound carry unfavorable recommendations in the MTUS Chronic Pain Medical Treatment Guidelines, the request is certified given that applicant's reported reduction in oral medication consumption effected as a result of prior LidoPro usage and given the applicant's issues with transaminitis which are apparently limiting her ability to consume oral pharmaceuticals.