

Case Number:	CM13-0043570		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2007
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 50-year-old female who reported an injury on June 27, 2007. The injured worker's treatment history included the use of Norco since at least September of 2012. The injured worker was monitored for compliance with urine drug screens. The injured worker's treatment history also included the use of nortriptyline since at least 02/2013. The injured worker was evaluated on September 23, 2013. It was documented that she had pain rated 8/10 that had increased due to discontinuation of acupuncture treatments. It was noted that the injured worker's medication usage allows for functional increase and a decrease in pain. Physical findings included tenderness to palpation of the lumbar paraspinal musculature, restricted range of motion secondary to pain in all planes, and decreased sensation in the L4, L5, and S1 dermatomes. The injured worker's diagnoses included degenerative disc disease of the lumbar spine with radiculopathy, disc protrusion, psychological issues, multilevel facet arthropathy, multilevel lumbar neural foraminal narrowing, and chronic pain. The injured worker's treatment plan included continuation of conservative therapy and a home exercise program. Medications to include Norco 10/325 mg, Pamelor 25 mg was prescribed in combination with LidoPro cream to assist with decreasing the injured worker's oral intake of opioids. An appeal was made on October 31, 2013. It was documented that her medications were not authorized. It was documented that her medications helped decrease her pain and allow her to function and she denied any GI upset or side effects as a result of medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

#60 NORTRIPTYLINE HCL 25MG CAPSULE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Anti-Depressants Page(s): 60, 13.

Decision rationale: The requested nortriptyline/hydrochloride 25 mg capsules are not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines does recommend the use of antidepressants as a first line medication in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has pain relief and can participate in a home exercise program as a result of medication usage. Therefore, continued use of this medication would be supported. However, the request as it is submitted does not provide a frequency of treatment. The request for nortriptyline HCL 25 mg capsule, sixty count, is not medically necessary or appropriate.

#135 HYDROCODONE/APAP 10-325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Treatment Page(s): 78.

Decision rationale: The requested hydrocodone/APAP 10/325 mg is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends the continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker can participate in a home exercise program as a result of medication usage and has no side effects. There is documentation that the injured worker is monitored for aberrant behavior with urine drug screen. However, there is not a quantitative assessment of pain relief. The request for hydrocodone/APAP 10-325 mg, 135 count, is not medically necessary or appropriate.

#1 LIDOPRO TOPICAL OINTMENT 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 111

Decision rationale: The requested LidoPro topical ointment four ounces, one tube, is not medically necessary or appropriate. The requested medication is a compounded topical agent that

contains menthol, methyl salicylate, capsaicin and lidocaine. California Medical Treatment Utilization Schedule does support the use of menthol, methyl salicylate in the management of osteoarthritic pain. However, the Chronic Pain Medical Treatment Guidelines does not support the use of capsaicin unless there has been a failure to respond to all other oral formulations of medications. The clinical documentation submitted for review does not provide any evidence that the injured worker's current medication schedule does not provide adequate relief to support the need for capsaicin as a topical analgesic. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream formulation as it is not FDA approved to treat neuropathic pain. The Chronic Pain Medical Treatment Guidelines indicates that any compounded medication that contains at least one drug or drug class that is not recommended is not recommended. As such, the continued use of LidoPro would not be supported. The request for Lidopro topical ointment 4 oz, one tube, is not medically necessary or appropriate.