

Case Number:	CM13-0045205		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2011
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 60-year-old female who reported an injury on 12/08/2011. The patient sustained an accepted industrial injury to the neck, shoulders, arms, right elbow, left hand, wrist, knees, hips, leg, left ankle, gluteus maximus, and back when her chair was unknowingly pulled causing her to stumble backward and fall to the floor. The patient has been seen on a regular basis for treatment and medications refills for her various injured parts. Under assessment, the patient has been noted to have lumbar facet syndrome bilaterally, unspecified thoracic lumbar neuritis/radiculitis, sprain/strain of the neck, unspecified disorder of the bursa and the tendons of the shoulder, a sprain/strain of the ankle unspecified, sprain/strain of the wrist unspecified, and tenosynovitis of the foot and ankle. The patient was most recently seen on 12/12/2013 with complaints of right shoulder pain described as 8/10 associated with the cold weather, as well as bilateral ankle and foot swelling. The patient also complains of low tolerance for minor frustrations, low self regard, loss of libido, and ability to experience pleasure or peacefulness, loss of motivation, lethargy, somnolence, and interpersonal sensitivity, as well as social avoidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 3 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under Chronic Pain Medical Treatment Guidelines, it states that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time and that pain may be improved with weaning of opioids. In the case of this patient, she has been using Norco since at least 07/2013. As there were no indications the medication was sufficiently decreasing her pain and improving her functional abilities, the patient was approved for the use of the medication with the intention of weaning. However, as noted in the most recent documentation, the patient continues to use Norco at the same dosage with no indication that she will be tapering off of the medication as per recommendation by Chronic Pain Medical Treatment Guidelines. Therefore, without having sufficient information pertaining to the efficacy of this medication, the requested service cannot be warranted and is non-certified.

Xanax 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, ant muscle relaxant. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In the case of this patient, she has been utilizing Xanax since at least 07/2013. Therefore, she has exceeded the guideline recommendations of 4 weeks of use as it pertains to Xanax. Because this medication is not recommended under Chronic Pain Medical Treatment Guidelines and because she has utilized it beyond the 4 week time frame, the requested service is not deemed medically appropriate and is non-certified

Lido-Pro Transdermal: Upheld

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

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

Decision rationale: Under Chronic Pain Medical Treatment Guidelines, it states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Chronic Pain Medical Treatment Guidelines further state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control (including Non Steroidal Anti-Inflammatory Drugs, Opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lastly, topical lidocaine in the formulation of a dermal patch such as Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. LidoPro is a topical formulation of capsaicin, lidocaine, menthol, and methyl salicylate. Although the patient was noted to have chronic pain and has utilized this medication in the past, it cannot be certified, at this time, due to the non-recommendation of use pertaining to certain ingredients compounded in this topical analgesic the requested service cannot be warranted and is non-certified.