

Case Number:	CM13-0062581		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2007
Decision Date:	05/16/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation 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 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 44 year old male who reported an injury on 06/01/2007 after he lifted a heavy car battery charger and reportedly sustained an injury to his shoulder and neck. The injured worker's treatment history included physical therapy, chiropractic care, epidural steroid injections, multiple medications and a home exercise program. The injured worker was evaluated on 10/10/2013. It was noted that the injured worker had pain rated 4/10. It was documented that the injured worker was screened for aberrant behavior with urine drug screens. It was noted that medications decreased the injured worker's pain levels by 50% allowing him to increase his activity levels without any side effects. The injured worker's medication schedule included LidoPro topical ointment, hydrocodone/APAP, omeprazole, and Ketoprofen. The injured worker's diagnoses included degenerative disc disease of the cervical spine, myofascial pain syndrome, facet arthropathy of the cervical spine, and cervical radiculitis. The injured worker's treatment plan included continuation of a home exercise program and refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF LIDOPRO 4OZ #1: Upheld

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

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

Decision rationale: The requested medication is a topical compounded medication that contains methyl salicylate, menthol, capsaicin, and lidocaine. The MTUS Chronic Pain Guidelines do support the use of methyl salicylate and menthol in the management of osteoarthritic related pain. However, the use of capsaicin in a topical formulation is recommended only for injured workers who have failed to respond to first line chronic pain management treatments. The clinical documentation submitted for review does not provide evidence that the injured worker has failed to respond to first line medications to include anticonvulsants and antidepressants. Therefore, the use of capsaicin in a topical formulation would not be supported. Additionally, the requested medication contains lidocaine in a gel formulation. The MTUS Chronic Pain Guidelines do not support the use of lidocaine in a gel formulation as it is not FDA approved to treat neuropathic pain. The MTUS Chronic Pain Guidelines state that any medication that contains at least 1 drug or drug class that is not supported is not recommended. Additionally, the request as it is submitted does not clearly identify a body part for application or a frequency of use. Therefore, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

ONE PRESCRIPTION OF HYDROCODONE/APAP 5/325MG #45:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication since 11/2012. The MTUS Chronic Pain Guidelines recommend ongoing use of opioids in the management of chronic pain 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 provide evidence that the injured worker has 50% pain relief due to medication usage that allows for an increase in functional activity and that the injured worker is monitored for aberrant behavior with urine drug screens. Therefore, ongoing use of this medication would be appropriate for this injured worker. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of hydrocodone/APAP 5/325 mg #45 is not medically necessary and appropriate.

ONE PRESCRIPTION OF OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2012. The MTUS Chronic Pain Guidelines recommend the use of gastrointestinal protectives for patients who are at risk for the development of gastrointestinal disturbances due to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support continued use of this medication. There is no documentation that the injured worker is at risk for developing gastrointestinal disturbances. Additionally, the request as it is submitted does not contain a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested omeprazole 20 mg #60 is not medically necessary and appropriate.