

Case Number:	CM13-0069376		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2012
Decision Date:	04/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, and is licensed to practice in Florida. 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 patient is a 62-year-old female who reported injury on 10/01/2012 through 05/23/2012. The mechanism of injury was not provided. The patient's medication history included opiates and Lido Pro as of 07/2013. The patient had a left shoulder mini open rotator cuff repair of the infraspinatus and a subacromial decompression on 12/11/2013. The documentation of 12/13/2013 revealed the patient rated the shoulder pain at 6/10 to 7/10 on a pain scale. The current medications were Norco 5/325 and the patient indicated that the medication decreased her pain. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4 OZ: 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): 111-112. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety."

MTUS Guidelines go on to state, "any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Lidocaine...Lidoderm...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per drugs.com, LidoPro is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The clinical documentation submitted for review indicated the patient had been taking the medication for 5 months. There was a lack of documentation of the efficacy of the requested medication. Additionally, there was a lack of documentation indicating the patient had a trial and failure of antidepressants and anticonvulsants. Given the above, the request for LidoPro topical ointment 4oz is not medically necessary and appropriate.

HYDROCODONE/APAP 5/325MG #90: 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): 60, 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend opiates for chronic pain. The MTUS Chronic Pain Guidelines indicate there should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication for 5 months. There was a lack of documentation of objective improvement in function, an objective decrease in the VAS score, and evidence the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for Hydrocodone/APAP 5/325mg #90 is not medically necessary and appropriate.