

Case Number:	CM13-0071503		
Date Assigned:	01/08/2014	Date of Injury:	12/09/1999
Decision Date:	05/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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, Pain Medicine 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 injured worker is a 43 year old female who reported an injury on 12/09/1999. The injured worker continues with chronic pain and is unable to work. A physical evaluation for pain management on 01/23/2013 is documented her complaints of neck, mid and low back pain rated on that date as 10/10. She reported radiating of pain, numbness and tingling down her right arm and down her right leg. She also reported that day right shoulder pain. The objective findings were cervical tenderness, decreased range of motion of cervical, thoracic and lumbar spine. Decreased sensation to right C5, C6, C7, C8 dermatomes. Decrease sensation to right L3, L4, L5, and S1 dermatomes. Motor exam is limited by pain. Straight leg raise on right at 30 degrees, positive Spurling's on the right with pain radiating to hand, tenderness to right knee upon palpation, decreased range of motion and tenderness to palpation to right shoulder. The radiology review notes moderate disc space narrowing at C5-6 and C6-7 and mild to moderate disc space narrowing at C4-5. A urine drug screen dated 01/23/2013 indicated hydrocodone, hydromorphone, oxazepam and soma and the documentation is inconsistent with the injured workers reported non-use and request. The diagnosis of cervical and lumbar radiculopathy, chronic neck and back pain, right shoulder and knee arthralgia. A request for authorization of medical treatment is dated 09/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT OF OPIOIDS Page(s): 78.

Decision rationale: The request for Hydrocodone/APAP 10/325mg is non-certified. The injured worker has a history of 15 years of chronic pain. The injured worker has documented evidence of misuse on a urine drug screen dated 01/23/2013. The CA MTUS chronic pain medical treatment guidelines for on-going management of opioids states the 4 A's for Ongoing Monitoring: four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Based on the ongoing level of pain with use of this dose of Hydrocodone/APAP, the indiscrepancy with the most recent urine drug screen and the request not specific to quantity of tabs the request is not medically necessary and appropriate.

LIDOPRO TOPICAL OINTMENT: 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): 111-113.

Decision rationale: The request for Lidopro topical ointment is non-certified. Lidopro contains capsaicin, lidocaine, menthol, and methyl salicylate. The injured worker has documented history of 15 years of chronic pain. The CA MTUS chronic pain medical treatment guidelines state topical analgesics are largely experimental in use with few randomized controlled trial to determine efficacy of safety. The Lidopro ointment is a compounded medication. The guidelines state that lidocaine is only recommended in Lidoderm. In addition, the formulation of capsaicin is over the recommended formulation per CA MTUS. Therefore, the ointment is not recommended. Based on the guidelines the request for Lidopro is not medically necessary and appropriate.