

Case Number:	CM14-0108353		
Date Assigned:	09/19/2014	Date of Injury:	03/28/2014
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 California. 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:

This is a 61-year-old male with a 3/28/14 date of injury. The mechanism of injury occurred when he was lifting a steel beam and felt a pop in his neck and back, he fell down and lost consciousness. He stated that he had 0% improvement in his bilateral shoulders, bilateral elbows, and bilateral hands. He complained of pain over the anterior aspect of the shoulders with overhead and reaching motions. He complained of tenderness and pain over the lateral epicondyle that can shoot down to his hands. He complained of pain in the distal interphalangeal (DIP) finger joints. Objective findings: tenderness to palpation over entire anterior aspect of the shoulder and in the acromioclavicular (AC) joint with painful range of motion (ROM), tenderness to palpation over lateral epicondyle of both elbows, tenderness to palpation over the palmar aspect of the hands. Diagnostic impression: bilateral shoulder AC arthrosis, bilateral elbow lateral epicondylitis, bilateral hand osteoarthritis, bilateral wrist carpal tunnel syndrome. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 6/30/14 denied the request for LidoPro and modified the request for Norco from 90 tablets to 60 tablets for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, in the most recent report reviewed, the patient stated that he had no improvement of his pain. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 5/325mg #90 was not medically necessary.

Lidopro Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25, 28 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (LidoPro)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the FDA, LidoPro is a topical cream containing capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guideline support was not provided. Therefore, the request for LidoPro cream was not medically necessary.