MAXIMUS Federal Services

Case Number:	CM14-0014724		
Date Assigned:	02/28/2014	Date of Injury:	12/06/2012
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine 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 49-year-old female who reported a fall on 12/06/2012. In the clinical note dated 08/19/2013, the injured worker complained of ongoing left shoulder and left wrist pain rated 4/10 on the pain scale. It was noted the injured worker received chiropractic treatment in the past, which helped decrease her pain and increase her function. The injured worker's medications included Norco 7.5/325 mg as needed. She stated the medication helped to decrease her pain and allowed her to function. It was noted that she used Prilosec once a day and denied non-steroidal anti-inflammatory drug (NSAID) use and gastrointestinal (GI) upset. Tenderness to palpation was noted over the acromioclavicular joint with direct palpation on cross arm testing. There was positive impingement bursitis, a negative Speed's test, negative drop arm test, positive O'Brien's test, and negative apprehension test. An examination of the left wrist and hand noted a negative Tinel's test, Phalen's test, carpometacarpal (CMC) grind test, and carpal tunnel compression test. There was no tenderness to palpation over the carpal ligaments, bones, or over the flexor tendons. It was noted that there was full range of motion of all metacarpal phalanges and interphalangeal joints. The diagnoses included left shoulder partial supraspinatus tendon tear of the distal attachment, left shoulder impingement with bursitis, left shoulder acromioclavicular degenerative joint disease, bilateral wrist synovial/ganglion cyst per an MRI with degenerative findings, neck and mid back pain, and history of left carpal tunnel release in 2005/2006. The treatment plan included a request for Terocin pain patch box (10 patches), #40 hydrocodone/APAP 7.5/325 mg, acupuncture two (2) times a week for four (4) weeks to the left wrist and left shoulder for pain control, and a thirty (30) day trial of TENS unit. The request for authorization for Terocin pain patch box (10 patches) and #40 hydrocodone/APAP 7.5/325 mg was submitted on 08/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION FOR LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an antiepilepsy drug (AED) such as gabapentin or Lyrica). LidoPro contains 0.0325% capsaicin, 4.5% lidocaine, 10% menthol, 27.5% methyl salicylate. The ingredient capsaicin is generally available as a 0.025% formulation and there is no current indication that an increase over a 0.025% formulation will provide any further efficacy. The only commercially approved topical formulation of lidocaine is Lidoderm. Furthermore, the guidelines do not recommend any compound product that contains at least one (1) drug that is not recommended. The documentation lacked evidence of the injured worker participating in trials of antidepressants and anticonvulsants and their efficacies. In the clinical documentation provided for review, there is a lack of documentation regarding the area the LidoPro topical ointment would be used. Since the requested cream contains at least one (1) drug that is not recommended, its use is not supported by guidelines. Therefore, the request for one (1) prescription LidoPro topical ointment 4 oz is not medically necessary.

HYDROCODONE/APAP (ACETAMINOPHEN) 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91, 76-80.

Decision rationale: The Chronic Pain Guidelines state that hydrocodone/APAP is indicated for moderate to moderately severe pain. Regarding opioid management, the guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the clinical documentation provided for review, it was noted that there is a request for hydrocodone/APAP 7.5/325 mg and the request for authorization was for ninety (90) hydrocodone/APAP 10/325 mg. The clinical documentation also did not document whether the pain status of the injured worker was with pain medication or without pain medication. There is a lack of documentation regarding objective functional improvements,

appropriate medication use, and side effects to determine the necessity of continued use. Therefore, the request for hydrocodone/APAP 10/325 mg #90 is not medically necessary.