

Case Number:	CM14-0111874		
Date Assigned:	09/16/2014	Date of Injury:	09/03/2003
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, knee, and thumb pain reportedly associated with an industrial injury of September 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; splinting; wrist corticosteroid injection therapy; and a TENS unit. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for Norco, LidoPro, Terocin, renal function testing, and hepatic function testing while approving a cortisone injection to the wrist and a thumb spica splint. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant reported persistent complaints of a thumb and bilateral knee pain. The applicant was reportedly using the aid of a cane to move about. The applicant did apparently have some issues with a rash, possibly psoriatic in nature. It was suggested that the applicant attended a trip to [REDACTED] with middle-aged children. The applicant did have well controlled hypertension, it was stated. Norco, Terocin, LidoPro, and a thumb spica splint were endorsed. It was not clearly stated whether the applicant was working or not. There was no explicit discussion of medication efficacy. It was suggested that the applicant was having difficulty performing walking activities and negotiating stairs. In a February 5, 2014, progress note, the applicant came in reporting persisting complaints of knee and thumb pain. The applicant was trying to spend some time in a pool program. The applicant was having difficulty with heavier lifting, it was stated. Multiple medications were renewed. There was no explicit discussion of medication efficacy. On December 18, 2013, the attending provider posited that the applicant was "retired" it was stated. Multiple medications were renewed, including Desyrel, Flexeril, tramadol, Terocin, Protonix, LidoPro and Norco. Again, there was no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. The information on file, furthermore, suggests that the applicant is having difficulty performing activities of daily living as basic as standing, walking, negotiating stairs, squatting, lifting, etc., despite ongoing usage of Norco. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

LidoPro Lotion 4 oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as LidoPro, as a class, are deemed "largely experimental." In this case, the applicant has been receiving LidoPro, despite the unfavorable MTUS position on the same. The applicant has seemingly failed to demonstrate any lasting benefit or functional improvement as defined in the MTUS 9792.20f through the same, however. The applicant is off of work. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, bending, squatting, etc. Ongoing use of LidoPro has failed to curtail the applicant's dependence on opioid agents, such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of LidoPro. Therefore, the request is not medically necessary.

Terocin Patches #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 111 in the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Terocin are deemed "largely experiment." It is further noted that the applicant has already been receiving Terocin, despite the unfavorable MTUS position on the same. The applicant has, it is further noted, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off of work. Ongoing usage of Terocin has failed to curtail the applicant's dependence on opioid agents, such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of Terocin. Therefore, the request is not medically necessary.

Kidney and liver function test, CBC, BMP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's renal function, hepatic function, and hematologic function is indicated in applicant's using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is using Norco, an acetaminophen containing product, along with a variety of other medications which are processed in the kidneys and liver, including Flexeril, Desyrel, etc. By analogy, periodic assessment of the applicant's renal and hepatic function are indicated to ensure that her present levels of renal and hepatic function are consistent with currently prescribed medications. Therefore, the request is medically necessary.