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| Case Number: | CM14-0119420 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/05/2007 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 Internal 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 injured worker is a 63-year-old male, who reported an injury 09/05/2007. The mechanism of injury was not provided within the medical records. The clinical note, dated 06/24/2014, indicated diagnoses of discogenic cervical condition with facet inflammation and shoulder girdle involvement and discogenic headaches, status post 1 facet injection and 1 epidural injection; impingement syndrome of the shoulder on the right with bicipital tendinitis, status post decompression, modified Mumford procedure; epicondylitis medially on the right; carpal tunnel syndrome bilaterally, status post decompression in 1995; significant issues with sleep and significant headaches. The injured worker reported he had 1 injection in the elbow with relief. The injured worker reported he had one epidural injection to the cervical spine. On physical examination, there was tenderness along the cervical facets, tenderness along the rotator cuff, and the injured worker's abduction was 100 degrees. There was tenderness to the biceps tendon, and the injured worker had positive Tinel's at the wrist with tenderness to the medial epicondyle. The injured worker reported increased pain about the neck with numbness and tingling in his hands and feet. The injured worker's treatment plan included prescription for Norco and LidoPro cream and request for CBC and comprehensive metabolic panel. The injured worker's prior treatments include diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Fioricet, oxycodone, Norflex, Flexeril, and LidoPro cream. The provider submitted a request for Norco, Terocin patches, LidoPro cream, and lab tests including CBC and CMP. A Request for Authorization, dated 06/25/2014, was submitted. However, rationale is not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #160, as Prescribed 6/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 91, 78.

Decision rationale: The request for Norco #160, as prescribed 6/24/14 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level and functional status and evaluation of risks for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency or dosage. Therefore, the request for Norco #160, as prescribed 6/24/14 is not medically necessary.

Terocin Patches 30, as Dispensed 6/24/14: 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.

Decision rationale: The request for Lab Tests to Included, Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) is not medically necessary. The CA MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. There is a lack of clinical information indicating the provider's rationale for the lab requests. In addition, the requesting provider did not indicate which specific NSAIDs the injured worker used for anti-inflammation. Additionally, there is lack of clinical information indicating the last tests performed with results. Furthermore, the guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy. However, there is a lack of clinical information indicating the start of the medications. Therefore, the request for Lab Tests, to Included, Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) is not medically necessary.

LidoPro Cream 1 Bottle, as Dispensed 6/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening for Risk of Addiction (Tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for LidoPro Cream 1 Bottle, as dispensed 6/24/14 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one 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. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, it was not indicated if the injured worker had tried a first line therapy, such as gabapentin or Lyrica. Additionally, no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a dosage or frequency. Therefore, the request for LidoPro Cream 1 Bottle, as dispensed 6/24/14 is not medically necessary.

Lab Tests to Included, Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation websites: www.labtestonline.org and www.cigna.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Lab Tests to Included, Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) is not medically necessary. The CA MTUS guidelines recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. There is a lack of clinical information indicating the provider's rationale for the lab requests. In addition, the requesting provider did not indicate which specific NSAIDs the injured worker used for anti-inflammation. Additionally, there is lack of clinical information indicating the last tests performed with results. Furthermore, the guidelines recommend labs to be drawn within 4 to 8 weeks after beginning medication therapy. However, there is a lack of clinical information indicating the start of the medications. Therefore, the request for Lab Tests, to Included, Complete Blood Count (CBC) and Comprehensive Metabolic Panel (CMP) is not medically necessary.