

Case Number:	CM14-0122199		
Date Assigned:	08/06/2014	Date of Injury:	10/31/2011
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The injured worker is a 51-year-old female who reported an injury on 11/18/2010 when she had a cumulative trauma from assembling microscopes. Diagnoses were status post right ulnar transposition surgery, right shoulder impingement/bursitis, right shoulder supraspinatus and infraspinatus tendinosis, status post carpal tunnel release, and right elbow medial epicondylitis. Past treatments were surgeries, 24 sessions of physical therapy, 7 visits of physiotherapy, and 13 sessions of acupuncture. Diagnostics were MRI of the shoulder, MRI of the elbow, and MRI of the wrist. Surgical history was right carpal tunnel release and right ulnar transposition surgery. Physical examination on 07/16/2014 revealed complaints of pain in the right shoulder, right elbow, and right wrist. The injured worker stated her pain was at 5/10. She described her pain as localized numbness and tingling. She rated the pain for her right elbow as 2/10. The injured worker rated her wrist pain at 6/10 to 7/10. Examination of the right shoulder revealed no swelling, deformity, or effusion. Range of motion for the right shoulder revealed flexion was to 170 degrees, extension was to 60 degrees, abduction was to 170 degrees, external rotation to the side was to 45 degrees, and internal rotation was to 60 degrees. There was no tenderness to palpation on the ligament, tendon, or bone structures. There was no pain reported with range of motion. Neuro examination revealed strength was 4+/5 internal and external rotators, biceps, and deltoid. Sensation was normal to radial, median, ulnar, and axillary nerves. Examination of the right wrist and hand revealed no swelling deformity or effusion. Medications were Norco 5/325 mg 3 tablets daily, Elavil 10 mg 1 tablet at night, Prilosec, and LidoPro 3 tablets daily. Treatment plan was for a right shoulder steroid injection and to continue medications as directed. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg, Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75 ,78.

Decision rationale: The request for hydrocodone/APAP 5/325 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 As" including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Lidopro Ointment 4 oz, Quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Capsaicin, Lidocaine, Salicylate Topicals Page(s): 111, 28, 112, 105.

Decision rationale: The request for LidoPro ointment 4 ounces quantity 1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate 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 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Therefore, the request is not medically necessary.