

Case Number:	CM14-0136507		
Date Assigned:	09/23/2014	Date of Injury:	08/25/1999
Decision Date:	10/23/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 75-year-old male who reported an injury on 08/25/1999. The mechanism of injury was not provided. Diagnoses included lumbar degenerative disc disease with radiculopathy and medication related gastritis versus stress gastritis. Past treatments included acupuncture and medications. Pertinent diagnostic studies were not provided. Surgical history was not provided. The clinical note dated 07/16/2014 indicated the injured worker complained of pain in the upper back, left shoulder and low back radiating to the bilateral lower extremities. He rated the pain 9/10 and indicated that the pain limited his activities. The physical exam revealed decreased range of motion of the lumbar spine, tenderness to palpation with spasms, and intact sensation to the lower extremities. Current medications included tramadol ER 150 mg, cyclobenzaprine 7.5/325 mg, hydrocodone 5/325 mg, LidoPro topical cream and Prilosec. The treatment plan included hydrocodone 5/325 mg #30, cyclobenzaprine 7.5/325 mg #120 and LidoPro topical ointment 4 ounces #1. The rationale for the treatment plan was pain control, with LidoPro cream specified to reduce the use of oral medications. The Request for Authorization form was completed on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta).

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

Decision rationale: The request for hydrocodone 5/325 mg #30 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of pain in the upper back, left shoulder and low back radiating to the bilateral lower extremities. He rated the pain 9/10 and indicated that the pain limited his activities. He had been taking the requested medication since at least 01/22/2014. There is a lack of clinical documentation of the efficacy of the requested medication, including quantified pain relief and functional improvements. There is also a lack of monitoring for any potentially nonadherent drug related behaviors through the use of urine drug screen. Additionally, the request does not include the frequency for taking the medication. Therefore, the request for hydrocodone 5/325 mg #30 is not medically necessary.

Cyclobenzaprine 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The request for cyclobenzaprine 7.5/325 mg #120 is not medically necessary. The California MTUS Guidelines indicate that cyclobenzaprine is recommended as an option for the management of back pain, using a short course of therapy. The injured worker complained of pain in the upper back, left shoulder and low back radiating to the bilateral lower extremities. He rated the pain 9/10 and indicated that the pain limited his activities. The injured worker had been taking the requested medication since at least 01/22/2014, indicating a treatment plan longer than recommended by the guidelines. There is a lack of clinical documentation to indicate the efficacy of the requested medication, including functional improvement and quantified pain relief. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for cyclobenzaprine 7.5/325 mg #120 is not medically necessary.

Lidopro topical ointment 4oz #1: 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): 111-113.

Decision rationale: The request for LidoPro topical ointment 4 ounces #1 is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains any drug (or drug class) that is not recommended is not recommended. LidoPro cream contains capsaicin 0.0375%, menthol 10%, lidocaine 4.5% and methyl salicylate 27.5%. The guidelines state that 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 proposed cream contains a 0.0375% formulation of the capsaicin. In addition, the guidelines state that there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed cream contains lidocaine. Additionally, the request does not indicate the specific location or frequency for using the topical ointment. As LidoPro contains lidocaine and capsaicin 0.0375%, which are not recommended, the request is not supported. Therefore the request for LidoPro topical ointment 4 ounces #1 is not medically necessary.