

Case Number:	CM14-0167235		
Date Assigned:	10/14/2014	Date of Injury:	01/27/2012
Decision Date:	11/17/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 1/27/12 date of injury. At the time (7/23/14) of request for authorization for 1 Prescription for TC# (#60) and 1 prescription request for lidopro (4oz. topical ointment), there is documentation of subjective (headache, dizziness, back pain, neck pain, anxiety, and depression) and objective (restricted range of motion of the neck, decreased sensation in the right palm, and positive Tinel sign at the right elbow) findings, current diagnoses (status post left knee repair and status post right shoulder arthroscopic surgery), and treatment to date (physical therapy and medications (including ongoing treatment with Norco)). Regarding 1 Prescription for TC# (#60), there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for TC# (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of status post left knee repair and status post right shoulder arthroscopic surgery. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription for TC# (#60) is not medically necessary.

1 prescription request for lidopro (4oz. topical ointment): 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 based on Non-MTUS Citation <http://www.drugs.com/sfx/lidopro-side-effects.html>

Decision rationale: An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post left knee repair and status post right shoulder arthroscopic surgery. However, Lidopro contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request 1 prescription request for lidopro (4oz. topical ointment) is not medically necessary.