

Case Number:	CM14-0035359		
Date Assigned:	06/25/2014	Date of Injury:	04/08/2009
Decision Date:	08/19/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old female who reported an injury on 04/08/2009, due to an unknown mechanism of injury. The injured worker underwent a cervical fusion in 04/2009, followed by removal of that hardware in 2012. The injured worker was treated postsurgically with physical therapy, a home exercise program, acupuncture, and multiple medications. The injured worker was evaluated on 01/16/2014. It was documented that the injured worker had recurrent lower extremity and left upper extremity symptoms. The injured worker's medications were noted to be Flexeril 7.5 mg and Norco 10/325 mg. It was noted that the injured worker had 7/10 pain that was not improved from the last visit. Objective findings included restricted range of motion of the cervical spine with decreased sensation in the C7 dermatomal distribution. The injured worker's treatment plan included continuation of medications and initiation of the use of LidoPro ointment. The injured worker's diagnoses were noted to be status post removal of hardware and exploration of the cervical spine fusion on 04/26/2012, chronic pain cervical spine, and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone #90 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, On-Going Medications Page(s): 78.

Decision rationale: The requested hydrocodone #90, 10/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 7/10 pain that is unchanged from the last visit. There is no documentation of a decrease in pain level secondary to medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behaviors. The injured worker has been on this medication since at least 02/2013. Without evidence of functional benefit, pain relief, or that the injured worker is monitored for aberrant behavior, continued use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested hydrocodone #90, 10/325 mg is not medically necessary or appropriate.

Lidopro topical ointment 4 ounces #1(one): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines guidelines for pain.

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

Decision rationale: The requested LidoPro ointment, 4 ounces, # 1, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics, as they are largely experimental and are supported by very few randomized control studies. The requested medication is a compounded medication with menthol, methyl salicylate, capsaicin, and lidocaine. California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate in the management of osteoarthritic pain. However, the use of capsaicin as a topical analgesic should be reserved for patients who have failed to respond to first-line treatments such as oral antidepressants and oral anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed a trial of first-line medications. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a gel or cream formulation, as it is not FDA-approved to treat neuropathic pain. Furthermore, the request as it is submitted does not specifically identify a body part for application. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested LidoPro topical ointment, 4 ounces, #1, is not medically necessary or appropriate.

