

Case Number:	CM14-0040135		
Date Assigned:	06/27/2014	Date of Injury:	12/06/2012
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/05/2014

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 Orthopedic Surgery 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:

This 49-year-old female sustained an industrial injury on 12/6/12, when she fell at work and landed on her right hip. The patient was status post left shoulder arthroscopic subacromial decompression, distal clavicle resection, and rotator cuff repair on 1/8/14. The 2/13/14 treating physician report cited multiple complaints including left shoulder, right shoulder, neck, left wrist/hand, and right hip pain. The patient was taking Norco which was very effective in reducing her pain from 10/10 to 3/10. The patient requested a reduction in the dose to Norco 5/325 mg. The diagnosis was status post left shoulder surgery, bilateral wrist synovitis/ganglion cysts, neck and mid-back pain, status post left carpal tunnel release, right hip sacroiliac joint dysfunction, right hip degenerative joint disease, right shoulder bursitis/impingement, and right shoulder moderate to severe symptomatic acromioclavicular degenerative joint disease with calcific tendinitis. The patient was to continue her home exercise program and continue post-operative therapy. Hydrocodone/APAP (Norco) and LidoPro topical ointment were prescribed. The 3/7/14 utilization review denied the request for LidoPro topical ointment based on an absence of guideline support. The request for hydrocodone/APAP was conditionally non-certified based on a lack of information to determine the medical necessity. The provider was asked why the patient was being kept on Norco 10/325 when she had requested a decrease to 5/325. The request for 12 additional post-operative chiropractic physiotherapy sessions was certified with modification to 8 visits. The patient had completed 4 initial post-operative visits and the authorization had expired, certified of 8 visits was consistent with initial post-operative treatment recommendations. The 3/21/14 treating physician report indicated that the patient had taking Norco 10/325 mg 2 to 3 times a day and using LidoPro topical ointment. Medications helped to decrease pain, increase activity level, and improve sleep. The 5/8/14 treating physician report cited a 40% reduction in pain with Norco and an increase in activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Hydrocodone/APAP 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/APAP (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met. This patient is post-operative left shoulder surgery and participating in post-operative therapies. Records indicate consistent 40-70% reduction in pain with the use of Norco, allowing for an increase in activity level. Records indicate the patient is using 2 to 3 Norco a day. Given the documented benefit, this request for 90 Hydrocodone/APAP 10/325mg is medically necessary.

1 LidoPro topical ointment 4 oz.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS guidelines state that if any compounded product contains at least one drug (or drug class) that is not recommended, then the compounded product is not recommended. LidoPro is a topical analgesic that combines Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Capsaicin 0.0325% is not recommended as there are no current indication that an increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guidelines recommend the use of topical salicylates for osteoarthritis and tendinitis, particularly at the knee or other joints, for short term use of 4 to 12 weeks. Guideline criteria have not been met. Guidelines do not support the use of capsaicin in a 0.0325% formulation, do not recommend Lidocaine in an ointment form for neuropathic pain, and do not recommend topical Lidocaine for non-neuropathic pain. Lacking guideline support for all of the compound components, this request for LidoPro topical ointment 4 oz is not medically necessary.

12 additional post op chiropractic physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/7/14 utilization review partially certified 8 post-operative chiropractic/physiotherapy sessions. Four initial visits had been provided but the authorization had expired. Eight visits were consistent with guideline recommendations for initial treatment. There is no compelling reason submitted to support the medical necessity of treatment beyond care already certified. Therefore, this request for 12 additional post-operative chiropractic/physiotherapy visits is not medically necessary.