

Case Number:	CM14-0040960		
Date Assigned:	06/30/2014	Date of Injury:	01/28/2007
Decision Date:	08/07/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 28, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medication; and apparent return to work. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for topical LidoPro and apparently partially approved request for hydrocodone acetaminophen. The applicant's attorney subsequently appealed. On February 10, 2014, it was stated that the applicant had persistent complaints of neck pain with associated spasms about the same. The applicant was having a flare up pain, reportedly scored at 9/10. The applicant stated that she would return to work and stated that ongoing medication usage typically resulted in a reduction of pain levels from 7/10 without medications to 1/10 with medications. Norco, acupuncture, and pain psychology consultations were sought. The applicant was apparently returned to work. Topical LidoPro was also endorsed. On June 2, 2014, it was stated that the applicant was working two separate jobs as a nurse and was, moreover, performing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing, reportedly successful usage of multiple first-line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents and topical compounds such as LidoPro. Therefore, the request for LidoPro ointment 4 oz. is not medically necessary.

Hydrocodone 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work. The applicant reports appropriate reductions in pain levels from 7/10 to 1/10 with ongoing opioid therapy. The applicant has apparently returned to work as a nurse and is able to perform home exercises, it was further suggested. On balance, then, continuing hydrocodone-acetaminophen is indicated. Therefore, the request of Hydrocodone 10/325 mg #90 is medically necessary.