

Case Number:	CM14-0041251		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2004
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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:

This is a 76-year old gentleman with a history of back injury from 1/21/04. The mechanism of injury is not discussed, however, the patient has been under the care of a spine specialist for diagnoses that include facet OA/facet-mediated lumbar pain, chronic low back pain, diabetes mellitus and NSAID induced gastritis. The patient has had extensive prior care, including multiple medications, PT, modified activity and interventional procedures to the spine. The patient is noted to have been made Permanent and Stationary at some previous point, date not disclosed. For years, the patient has utilized opioid pain medications. Multiple Utilization Review reports are submitted. Some reflect complete denial of various opioids, but many reflect recommendations for certification of modified amounts, for the purpose of weaning off opioids. UDS in the past has been consistent with prescribed meds. The patient was seen on 2/11/14, and once again was noted to have ongoing pain issues, 6/10 at this visit. The patient had bilateral rhizotomy at L3-4/L4-5 on 11/07/13, which reportedly resulted 60% reduction in symptoms. He reportedly has been able to "drop" his medication use following the procedure. The patient is on Norco and OxyContin. The patient was noted to have used LidoPro in the past, and this is requested again. Despite a 60% reported reduction in pain, Norco is still prescribed for use every 6 hours as needed, with #120 requested, which is no change in prescribed amount from prior to the rhizotomy. No studies are submitted that support use of LidoPro. This was submitted to Utilization Review, with a decision rendered on 2/27/14. With regards to Norco, treatment modification of 50 pills was recommended. LidoPro was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 2/11/14) for Hydrocodone/APAP 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. This patient has now been on opioid pain meds for years. Submitted reports do not appear to reflect intention to wean this medication. This patient recently had a reported 60% reduction in symptoms following a rhizotomy procedure, yet there was no change in Norco use. When this was reviewed in Utilization Review on 2/27/14, it was not denied, but rather, a modified amount recommended for certification to facilitate weaning. Continued use of a medication because a patient has developed iatrogenic dependency is not appropriate justification for use. Chronic use is not standard of care or guideline supported. While clearly this medication should be weaned, medical necessity for chronic use is not substantiated. This patient was appropriately approved for a modified amount of Norco to facilitate weaning of this opioid. There is no medical necessity for reversing the Utilization Review (UR) decision and authorizing the full amount. Medical necessity for 120 tablets of Norco is not established.

Retrospective request (DOS: 2/11/14) for LidoPro 4oz #1: Upheld

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

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

Decision rationale: The CA MTUS notes that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. The compounded topical in this case contains Capsaicin, Menthol, Methyl Salicylate and Lidocaine. While there is guideline support for both Capsaicin and Methyl Salicylate, Lidocaine is not guideline supported in topical form, other than Lidoderm. In addition, there is not any clear documentation that suggests that the requesting physician has clear knowledge of why each specific agent is being combined or what specific goal would be achieved by compounding these specific ingredients together. No scientific studies are submitted that support this deviation from guidelines. Medical necessity of LidoPro is not established.

