

Case Number:	CM14-0048762		
Date Assigned:	06/25/2014	Date of Injury:	10/22/2010
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 65 year old male who was injured on 10/22/2010. The diagnoses are bilateral shoulders pain, bilateral knees pain, neck pain and low back pain. There is associated diagnosis of insomnia. There is a past surgical history of right foot surgery. The MRI was significant for shoulders and knees degenerative joints disease and cervical spine degenerative discs disease with facet arthropathy. The EMG/NCS was diagnostic of bilateral carpal tunnel syndrome. The patient is retired and uses a cane to ambulate. On 6/10/2014, the patient reported that the use of topical analgesic products resulted in a 50% reduction in pain and utilization of less oral medications. [REDACTED] reported complaints of numbness and tingling sensation of the upper extremities. The patient was started on Hydrocodone/APAP 10/325mg on 2011. He is also utilizing topical LidoPro ointment for pain. A Utilization Review determination was rendered on 3/7/2014 recommending non-certification for Hydrocodone / APAP 10/325mg #120 and LidoPro topical ointment 4oz #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Hydrocodone/APAP 10/325mg: Upheld

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

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

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is non responsive to standard NSAIDs, physical therapy and exercise. The required documentation during chronic opioid therapy should include compliance monitoring such as Pain Contract, UDS (Urine Drug Screen), absence of aberrant behavior and improvement in ADL (activities of daily living). The record indicate that the patient was utilizing Hydrocodone since 2011. The required documentation was not included with the medical records. The records indicate that the patient was observing significant pain relief with the use of topical analgesics but not oral medications. The criteria for the use of Hydrocodone/APAP 10/325mg #120 was not met. Therefore, the request is not medically necessary.

1 prescription of LidoPro topical ointment 4oz: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when the patient cannot tolerate oral medications or treatment with first-line medications such as anticonvulsants and antidepressants have failed. The record indicate that the patient reported a 50% reduction in oral pain medications utilization with increase in ADL with the use of the LidoPro compound topical product. The criteria for the use of topical LidoPro preparation was met. The LidoPro preparation contains lidocaine 4.5%, capsaicin 0.0325%, salicylate 27.5% and menthol 10%. The guidelines recommend that this patient with subjective signs of neuropathic pain and associated insomnia will benefit from treatment with anticonvulsants and antidepressants. Therefore, the request is medically necessary.