

Case Number:	CM14-0049128		
Date Assigned:	07/07/2014	Date of Injury:	01/05/2008
Decision Date:	09/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 injured worker is a 59-year-old male who has submitted a claim for HNP of the cervical spine, right shoulder bursitis, and right shoulder impingement associated with an industrial injury date of 01/05/2008. Medical records from 2013 to 2014 were reviewed. The patient complained of neck and back pain, graded 6/10 in severity described as aching and burning associated with numbness and tingling sensation to both hands. Alleviating factors included intake of medications and rest. Physical examination showed tenderness of the cervical, thoracic, and lumbar paraspinal muscles. Motor strength of right upper extremity muscles was graded 4/5, while left quadriceps and left tibialis anterior was graded 5-/5. Lhermitte sign and Spurling's test were positive bilaterally. Gait was antalgic, sensation was diminished at right C5 to C8 dermatomes and left L4-S1 dermatomes. Treatment to date has included physical therapy, right hand surgery on 07/25/2013, left knee surgery on 01/09/2013, right extensor indicis proprius to extensor pollicis longus tendon transfer, acupuncture, physical therapy, chiropractic care, and medications such as Norco, Docuprene, naproxen, LidoPro cream, and Prilosec. The utilization review from 03/14/2014 denied the request for Docuprene 100mg #60 retrospective (1/13/14) because Norco was discontinued due to its side effects, denied Omeprazole 20mg twice daily #60 retrospective (1/13/14) because the records did not establish acid-induced inflammation and stomach ulcers, denied ongoing care with [REDACTED] for the right hand and wrist because the records did not establish significant deficits to warrant another follow-up, denied Lido Pro topical ointment 4oz. retrospective (1/13/14) because of limited published studies concerning its efficacy and safety; and denied ongoing care with [REDACTED] for left knee and shoulder because he was no longer included in the treating medical group and because of lack of documented indication to warrant the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docuprene 100mg #60 retrospective (1/13/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been on Norco since 2013. Patient reported constipation as adverse effect from its use. He has been prescribed Docuprene since September 2013 and reported beneficial effects. Guideline criteria were met therefore, the request for Docuprene 100mg #60 retrospective (1/13/14) is medically necessary.

Omeprazole 20mg twice daily #60 retrospective (1/13/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, age 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, or anticoagulant, or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on omeprazole since September 2013 for gastrointestinal symptoms secondary to multiple oral medication intakes. The patient reported relief of symptoms from its use. The medical necessity for continuing PPI therapy has been established therefore, the request for Omeprazole 20mg twice-daily #60 retrospective (1/13/14) is medically necessary.

Lido Pro topical ointment 4oz. retrospective (1/13/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: LidoPro topical ointment contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. CA MTUS does not cite specific provisions regarding Menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of CA MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Capsaicin in a 0.0375% formulation is not recommended for topical applications. In this case, the patient has been on LidoPro ointment since September 2013 to decrease oral medication intake. Pain relief and functional improvement derived from its use were documented. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not medically necessary. Topical Lidocaine and Capsaicin in 0.0325% formulation are not recommended therefore, the request for Lido Pro topical ointment 4oz. retrospective (1/13/14) is not medically necessary.

Ongoing care with [REDACTED] for left knee and shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of a medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient underwent an unspecified left knee surgery on 01/09/2013. Weakness and dysesthesia were noted at the left lower extremity. Shoulder symptoms were not reported. The utilization review from 11/05/13 approved a similar request into 1 visit. However, the official progress report from that visit was not made available. There was no worsening of subjective complaints or objective findings to warrant another office visit. The medical necessity was not established therefore, the request for ongoing care with [REDACTED] for left knee and shoulder is not medically necessary.

Ongoing care with [REDACTED] for the right hand and wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient was last seen by [REDACTED] on 10/17/2013. He cited that the patient had achieved maximum medical improvement and was very functional status post right extensor indicus proprius to extensor pollicis longus tendon transfer. The most recent progress reports showed no worsening of subjective complaints or objective findings to warrant another office visit. The medical necessity was not established therefore, the request for ongoing care with [REDACTED] for the right hand and wrist is not medically necessary.