

<b>Case Number:</b>	CM14-0056805		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Nevada. 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 records presented for review indicate that this 65-year-old individual was reportedly injured on 10/22/2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/10/2014, indicated that there were ongoing complaints of neck, back, bilateral shoulder, and left knee pains. The physical examination demonstrated antalgic gait using a single point cane, limited range of motion of the cervical and lumbar spine, decreased sensation in the L5-S1 dermatome on the left. Upper extremity sensation was intact. Upper and lower extremity motor exam was limited by pain. Upper extremity muscle strength was 4+/5 bilaterally. Lower extremity muscle strength was 4+/5 bilaterally. Diagnostic imaging studies include an MRI of the left wrist, on 2/13/2014, which revealed degenerative changes seen in the first carpal metacarpal joint, scattered carpal bone cystic change. Right wrist MRI revealed features of carpal tunnel, degenerative change first carpometacarpal (CMC) joint and metacarpophalangeal (MCP) joint as well as third MCP joint. Previous treatment included medications and conservative treatment. A request had been made for LidoPro topical ointment and hydrocodone/APAP 10 mg/325 mg #210 and was not certified in the pre-authorization process on 4/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Topical Ointment 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56.

**Decision rationale:** Lidopro is a topical compounded preparation containing capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended." The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back pains. As such, this request is not considered medically necessary.

**Hydrocodone/APAP 10/325mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CAMTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in the pain or function, or recent urine drug screen with the current regimen. As such, this request is not considered medically necessary.