MAXIMUS Federal Services

Case Number:	CM14-0073674		
Date Assigned:	07/16/2014	Date of Injury:	07/31/2013
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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:

The injured worker is a 48-year-old male who reported an injury on 07/31/2013 due to being struck by a motor vehicle while in a cross walk. Diagnoses for the injured worker were thoracic sprain/strain, wrist sprain/strain, knee sprain/strain, and foot sprain/strain. Past treatment for the injured worker was chiropractic sessions, physical therapy, and ultrasound. Diagnostic studies for the injured worker included an MRI of the lumbar spine which revealed L3-4 disc desiccation and less than 2 mm disc bulging. There was a computed radiographic x-ray of the left foot, which was a negative exam. Computed radiographic x-ray of the right knee revealed negative exam. Computed radiographic x-ray of the right elbow revealed prominent olecranon spurring, otherwise negative study. Computed radiographic x-ray of the right wrist revealed scapholunate dissociation. The injured worker has also had several MRIs of the spine in the past, and electrodiagnostic studies which were not submitted. Electrodiagnostic testing on 12/10/2013 revealed L5-S1 radiculopathy. There were no surgeries reported. The injured worker had a physical examination on 03/14/2014 that revealed complaints of multiple areas of pain. He complained of pain in his neck, and stated that low back was the worst. At best, it was a 7/10, but most of the time it was 8/10. Muscle strength test was deferred due to it appeared that a full effort was not exerted by the injured worker. There were deficits in the range of motion for the cervical, thoracic, and lumbar spine. The injured worker had mild tenderness along the olecranon in both elbows. The injured worker was unable to perform a Phalen's test. Tinel's and Durkan were negative at the wrist. Finkelstein was negative. Medications for the injured worker were hypertension medication, a diabetes medication, Norco, and Dendracin. The injured worker currently has a TENS unit. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg #60, 0 refill: 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 Opioids, On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule states for the ongoing of an opioid medication, review and documentation of pain relief, functional status, appropriate medication use, and side effects should be reported. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker still had complaints of multiple areas of pain. He stated his back pain was rated anywhere between 7 and 10, and the pain from his right elbow, at best, was a 4/10 to 5/10 to a 6/10 to 7/10. The injured worker did state that walking for more than 15 minutes was painful. He also mentioned he was having problems sleeping, only approximately 2 hours per night due to pain. There were no urine toxicology screens submitted for review. The injured worker was not getting measurable gains of functional improvement from taking this medication. The provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Lidopro 121g #1: 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 Topical Analgesics Page(s): 111, 112, 105.

Decision rationale: The California Medical Treatment Guidelines state topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is then not recommended. LidoPro contains lidocaine. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of

first-line therapy, such as a tri-cyclic or SNRI anti-depressant or an antiepileptic drug such as gabapentin or Lyrica. LidoPro also contains capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). It was not noted in the report submitted if the injured worker was getting efficacy from the use of LidoPro. Menthol has the ability to chemically trigger the cold sensitive receptors in the skin, and is responsible for the well-known cooling sensation it provokes when inhaled, eaten, or applied to the skin. LidoPro also contains methyl salicylate, which the guidelines recommend as a solo medication therapy. Guidelines state salicylate topicals are recommended and are significantly better than placebo in chronic pain. The request submitted does not indicate the frequency for the medication. It was not noted if the injured worker was getting efficacy from the use of this medication. Due to the fact that this is a compound medication and the guidelines do not support the use of compound medications, the request is not medically necessary.