

Case Number:	CM14-0076512		
Date Assigned:	07/18/2014	Date of Injury:	07/27/2012
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 31-year-old male who reported an injury on 07/27/2012. The injured worker was reportedly injured while operating a forklift. Current diagnoses include herniated nucleus pulposus in the cervical spine, neural foraminal narrowing at C3-4, degenerative disc disease in the cervical and lumbar spine, and left shoulder pain. The injured worker was evaluated on 06/23/2014 with complaints of ongoing neck and low back pain. Previous conservative treatment includes medication management, bracing, Cervical Epidural Injection, chiropractic treatment and acupuncture. The current medication regimen includes Norco 10/325 mg and LidoPro Topical Ointment. Physical examination revealed no acute distress, diffuse tenderness to palpation of the cervical and lumbar spine, decreased sensation in the left second digit, diminished strength, and positive straight leg rising bilaterally. Treatment recommendations at that time included continuation of the current medication regimen and a urology consultation. A request for authorization form was then submitted on 06/23/2014 for a urology consultation, Norco 10/325 mg, and LidoPro Topical Ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment, 4 oz: Upheld

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 rationale: The California MTUS Guidelines state Topical Analgesics 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 Anti-Depressants and Anti-Convulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a Topical Analgesic. The injured worker has continuously utilized this medication since at least 04/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary or appropriate.

Hydrocodone/APAP 10/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since at least 04/2014 without any evidence of objective functional improvement. The injured worker continues to present with complaints of persistent neck and lower back pain. There is also no frequency listed in the request. As such, the request is not medically necessary or appropriate.

Urology Consultation, qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition, Chapters 8-14: Body Part and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report complaints of bilateral testicular pain radiating from the lateral hip to the groin area. However, it is unclear as to how long the injured worker has maintained symptoms. There is no mention of an acute injury. There was no comprehensive physical examination provided to include the bilateral testicles. There is

no mention of the suspicion for any red flags for serious pathology. As the medical necessity has not been established, the request is not medically necessary or appropriate.