

<b>Case Number:</b>	CM14-0076927		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 59-year-old female was reportedly injured on April 13, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 4, 2014, indicates that there are ongoing complaints of low back pain, mid back pain, left knee pain, and numbness in the bilateral wrists. Current medications are stated to be helpful at reducing pain and allow increased function without side effects. The physical examination demonstrated tenderness along the lumbar paraspinal muscles and reduced lumbar range of motion. There was decreased sensation at the L5 and S1 dermatomes on the left side and slightly decreased muscle strength of the bilateral psoas, quadriceps, hamstrings, tibialis anterior, and extensor hallucis longus. Previous treatment includes chiropractic care. A request had been made for Hydrocodone and was not certified in the pre-authorization process on April 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Hydrocodone/ APAP 7.5/325mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-78.

**Decision rationale:** The previous utilization management review dated April 20, 2014, did not certify the request for hydrocodone by stating that there was no documentation of functional improvement with this medication. The progress note dated April 4, 2014, states that the injured employee's current medications are helpful with pain and allow an increased level of function without any side effects. Therefore this request for hydrocodone is medically necessary.

**Magnetic Resonance Imaging single, positional of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): electronically cited.

**Decision rationale:** As noted in the MTUS, MRI is recommended for patients with chronic low back pain who have progressive neurologic deficit. There is no data presented in the progress notes reviewed that such a finding is noted. Therefore, based on the physical examination reported, tempered by the parameters outlined in the guidelines, the medical necessity is not been established.

**LidoPro topical ointment 4 OZ #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals, Lidocaine Page(s): 111,10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

**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. As such, this request is not considered medically necessary.

**Cyclobenzaprine 7.5 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.