MAXIMUS Federal Services

Case Number:	CM14-0089062		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2006
Decision Date:	08/29/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 14, 2006. A Utilization Review was performed on May 12, 2014 and recommended non-certification of Hydrocodone/APAP 10/325mg, take 1 four times a day as needed for pain, #120 (Dispensed 4-4-14); LidoPro topical ointment 4oz (Dispensed 4-4-14); and chiropractic care 2 times per week for 4 weeks to the cervical and lumbar spine. There is note that the patient was previously authorized an initial trial of 6 sessions of chiropractic therapy. An evaluation dated April 4, 2014 identifies complaints of lower back and left leg symptoms. Norco diminishes his pain and allows him to become more flexible and walk for longer periods of time. He also describes pain in the left forearm with numbness in the right hand to the fifth ringer rated 4/10. Exam identifies tenderness to palpation in the lumbar paraspinals and bilateral sacroiliac joints. Lumbar range of motion (ROM) is limited in all planes. There is thrombotic thrombocytopenic purpura (TTP) cervical paraspinals with muscle spasms. Spasm is noted in the trapezii. There is decreased sensation in the bilateral C7-8 dermatomes, as well as the left C6 dermatomes. There is hypoesthesia to the left L3-4 dermatomes. Diagnoses are not identified. Plan identifies continue Hydrocodone/APAP and referred to chiropractic therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg take one four times per day as needed for pain, #120:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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): 76-79, 120.

Decision rationale: Regarding the request for Hydrocodone/APAP, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, Norco decreases the patient's pain and allows more function. However, there is no documentation regarding side effects and no discussion regarding aberrant use. Since the current request is for #120 pills, it seems reasonable to use the #120 pills to gradually taper the medication or to allow the requesting physician time to document the missing information. As such, the currently requested Hydrocodone/APAP is medically necessary.

Lidopro topical ointment four ounces: 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): 111-113. Decision based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e.

Decision rationale: Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical Lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of Lidocaine cream, lotion, or gels are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical Lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro is not medically necessary.

Chiropractic care, two sessions per week for four weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

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): 58-60.

Decision rationale: Regarding the request for chiropractic care, two sessions per week for four weeks to the cervical spine, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no mention of any objective functional improvement with the chiropractic therapy completed to date. In the absence of such documentation, the currently requested chiropractic care, two sessions per week for four weeks to the cervical spine is not medically necessary.