

Case Number:	CM14-0092017		
Date Assigned:	07/25/2014	Date of Injury:	04/16/2014
Decision Date:	08/28/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/18/2014

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 Interventional Spine 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 patient is a 58-year-old male with an injury date of 04/16/2014. According to the 05/02/2014 progress report, the patient presents with pain in his left shoulder, bilateral hands, left rib cage, lower back and mid-back. The patient rates his pain as a 7/10 on the pain scale and uses ice packs to help him reduce his pain temporarily. In regards to his neck and arm symptoms, the patient has a light, constant, aching pain in his neck which he rates as a 4/10 with radiation down his left arm to the hand. He complains of weakness in his grip strength bilaterally but does not have any numbness or tingling. In regards to his back pain, he has a constant, aching pain with some stabbing pain which he rates as a 6/10. The patient is currently taking Norco for severe pain. The patient's diagnoses include the following: 1. Thoracic sprain/strain. 2. Lumbar sprain/strain. 3. Left shoulder arthralgia. 4. Left-sided rib arthralgia. 5. Cervical and lumbar radiculopathies. The request is for the following: 1. Hydrocodone/APAP 5/325 mg #60. 2. Ketoprofen 75 mg capsule #90. 3. LidoPro topical ointment 4 ounce #1. The utilization review determination being challenged is dated 05/26/2014. Treatment reports were provided from 05/02/2014 and 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/.325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: MTUS pages 88 and 89 require functioning documentation using numerical scale, validated instrument at least once every six months and documentation of the 4 A's which include analgesia, ADLs, adverse side effects, and adverse behavior. Other documentation that are also required are documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief, etc. The patient has been taking hydrocodone since at least as 05/02/2014, if not earlier. It helps reduce his pain for approximately 6 hours by more than 50% and allows him to walk more. None of the reports mention how Norco has specifically impacted the patient in terms of activities of daily living or in terms of giving pain scales. Give the lack of documentation demonstrating the benefit from the use of hydrocodone, the patient should be weaned off this medication as stated in the MTUS Guidelines. Request is not medically necessary.

Ketoprofen 75 mg capsule #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: MTUS Guidelines support use of NSAIDs for chronic low back pain as per page 22. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. The request is for ketoprofen 75 mg capsule #90 to be taken every 12 hours as needed for pain and inflammation. The patient has been taking ketoprofen since at least 05/02/2014, if not earlier. In this case, there is lack of any documentation regarding what ketoprofen has done to this patient's pain and function. Request is not medically necessary.

Lidopro Topical Ointment 4 oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain/Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams Page(s): 111.

Decision rationale: MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used for label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The request is for LidoPro topical ointment 4 ounces #1. MTUS does not support lotion formulation of lidocaine for neuropathic pain. Request is not medically necessary.