

Case Number:	CM14-0112610		
Date Assigned:	09/18/2014	Date of Injury:	05/13/1991
Decision Date:	04/14/2015	UR Denial Date:	06/22/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old male who sustained an industrial injury on 05/13/1991. Current diagnoses include lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, bilateral knee internal derangement, status post lumbar anterior posterior interbody fusion on 07/11/2002, status post left total knee replacement, status post right knee arthroscopic repair, cervical myoligamentous injury, right shoulder rotator cuff tear, unsuccessful spinal cord stimulator trial and intrathecal pump trial, and medication induced gastritis. Previous treatments included medication management, epidural steroid injections, self-directed physiotherapy, bilateral knee sleeves, trigger point injections, and multiple surgeries. Diagnostic studies included EMG on 08/28/2006 and 03/29/2010, MRI of the right ankle on 12/18/2008, MRI of the lumbar spine on 07/11/2006 and 12/05/2007, right CT shoulder arthrogram on 11/28/2007, right knee MRI on 07/11/2006, and lumbar spine x-ray in 2002. Report dated 06/02/2014 noted that the injured worker presented with complaints that included ongoing neck pain which radiates down to both lower extremities. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilling Norco, Prilosec, and LidoPro topical analgesic cream, administration of trigger point injections, and request for cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical analgesic cream 3x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, p60 Page(s): 60.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic neck and low back pain with a history consistent with failed back surgery syndrome. Medications include Motrin and there is a history of medication induced gastritis. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.

Prilosec 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic neck and low back pain with a history consistent with failed back surgery syndrome. Medications include Motrin and there is a history of medication induced gastritis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when is over age 65 and is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. He has medication induced gastritis. In this clinical scenario, guideline recommendations include that a proton pump inhibitor such as Prilosec be prescribed. It was therefore medically necessary.

Norco 10/325mg 4-6 tablets a day #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic neck and low back pain with a history consistent with failed back surgery syndrome. Medications include Motrin and there is a history of medication induced gastritis. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.