

Case Number:	CM14-0129220		
Date Assigned:	08/18/2014	Date of Injury:	12/01/2009
Decision Date:	01/05/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old male sustained injury while working as a general laborer. The pain is present in the low back and left leg. As of 8/22/12 he reached his maximal medical improvement (MMI) status. On 2/11/14, he complained of constant low back pain radiating to the left lower extremity with numbness and tingling. The pain level was rated 7 out of 10. In addition, he had occasional left hip pain rated 6/10. His past significant medical history includes status post-surgery left hip 1/23/13 that afforded minor improvement as significant pain continues. His lumbar and left hip range of motion is abnormal. He exhibits decreased sensation at the left side of the hip and bilateral lower extremities at L5-S1 at gluteal muscle, 4/5 motor. The diagnoses are lumbar radiculopathy, lumbar and left hip sprain/strain, status post left hip surgery, anxiety and depression (caused by pre-existing heart condition, per documentation 4/2/14). In addition the injured worker has cancer in his left leg (diagnosed 2013) and uses a cane due to the cancer. Current medications include Norco 5/325 mg, Terocin pain patch, cyclobenzaprine, Menthoderm gel, Theramine and Trepadone. The provider also requested a transcutaneous electrical nerve stimulator (TENS), lumbar sacral orthosis back brace, psychological exam, computed tomography of the lumbar spine and left hip and a qualitative drug screen. On 3/4/14 radiographs of the pelvis and left hip were reviewed (actual date of radiographs is not noted). They reveal a revision total hip replacement with lack of mineralized bone around the prosthesis. This prosthesis replaced a large resected chondrosarcoma on a non-industrial basis. This review does not change the previous MMI status. On 4/2/14 he has psychological evaluation which determined phase of life problem: adjustment to chronic pain. These complaints were non-industrial and no psychosocial treatment was needed. The injured worker has not worked since 2/20/12. On 7/18/14 Utilization Review non-certified Norco 5/325 # 90 based on lack of description of subjective and objective pain relief provided (such as VAS scores) and no

indication of significant functional benefit or return to work. There was no urine drug screen provided. California Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in this determination. Also Xolindo 2% cream was non-certified based on MTUS guidelines that lidocaine is only supported as a dermal patch and any compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolindo 2% cream (quantity unknown)(date of service 05/09/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication is not recommended for topical use. There was no discussion concerning need for variance from the guidelines. Therefore, the request for Xolindo 2% cream (quantity unknown)(date of service 05/09/2014) was not medically necessary.

Norco 5/325 mg #90 (date of service 05/09/2014): Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since February 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5/325 mg #90 (date of service 05/09/2014) was not medically necessary.

