MAXIMUS Federal Services

Case Number:	CM15-0102971		
Date Assigned:	06/05/2015	Date of Injury:	12/08/2013
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 36-year-old who has filed a claim for chronic hand, wrist, neck, and elbow pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of December 8, 2013. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve request for topical LidoPro ointment and senna, a laxative agent. The claims administrator referenced a RFA form on April 20, 2015 and an associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported ongoing complaints of wrist, shoulder, arm, and neck pain, at times severe, 10/10. The applicant's medications include fenoprofen, LidoPro ointment, Prilosec, senna, Ultracet, insulin, Lantus, Levoxyl, and metformin, it was reported. Portions of the applicant's claim had been administratively contested by the claims administrator, it was reported. The applicant's work status was not explicitly detailed. On April 30, 2015, the applicant reported ongoing complaints of wrist pain. The applicant was not working, gained weight, developed significant depressive symptoms, it was acknowledged. The applicant was given prescriptions for fenoprofen, LidoPro, Prilosec, senna, and Ultracet, it was reported. A corticosteroid injection was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment 4-27.5-0.0325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9, FDA Guidances & Info; NLM SPL Resources, Capsaicin 0.0325%, NDC 53225-1021-1 - LidoPro (Lidoprocin) Topical Pain Relief Ointment -.

Decision rationale: No, the request for topical LidoPro ointment was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the fact that the applicant's concurrent usage of multiple first-line oral pharmaceuticals, including fenoprofen, Ultracet, etc., effectively obviated the need for the capsaicin-containing LidoPro ointment at issue. Therefore, the request was not medically necessary.

Senna laxative 8.6mg tab #100: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for Senna, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants given opioids. Here, the applicant has been given Ultracet, a synthetic opioid, on or around April 30, 2015. Provision of a laxative, Senna, was indicated to combat potential issues with opioid-induced constipation, which may have arisen in conjunction with the same. Therefore, the request was medically necessary.