MAXIMUS Federal Services

Case Number:	CM15-0144101		
Date Assigned:	08/05/2015	Date of Injury:	02/06/2014
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/24/2015

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: California
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 54 year old female, who sustained an industrial injury on 02-06-2014 when she reported a cervical spine, right shoulder, and right upper extremity injury. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having right cervical strain, right cervical radiculopathy, right rotator cuff impingement, right rotator cuff tear, right lateral epicondylitis, and myofascial pain syndrome. Treatment and diagnostics to date has included cervical spine MRI, electromyography-nerve conduction velocity studies, right shoulder injection, home exercise program, and medications. In a progress note dated 06-02-2015, the injured worker reported right paracervical and trapezius muscle pain with radiation of pain down the right upper extremity. Objective findings included decreased cervical spine range of motion with tenderness in the right paracervical muscles and muscle spasms, decreased range of motion and tenderness to the right shoulder, and tenderness in the right wrist. The physician noted that a cervical spine MRI dated 05-09-2014 showed degenerative disc disease, facet arthropathy with retrolisthesis at C3-C4, C5-C6, and C6-C7, anterolisthesis at C7-T1 through T3-T4, canal stenosis to C5-C6 and C6-C7, and neuroforaminal narrowing to C5-C6 and C6-C7. It was also noted that a right shoulder MRI done on 09-02-2014 showed degeneration of labrum with associated paralabral cyst that extends to suprascapular and spinoglenoid notch, mild osteoarthritis of the glenohumeral joint, and mild subacromial and subdeltoid bursa edema and bursitis. The treating physician reported requesting authorization for LidoPro and a urine screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro times 2: Upheld

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

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

Decision rationale: LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29 the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post- mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." LidoPro ointment has Capsaicin 0. 0325%. Therefore based on the guidelines, LidoPro topical is not medically necessary.

Urine screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology testing Page(s): 77-79, 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances such as narcotics in the past. This is noted in an appeal letter authored by the requesting provider. Although no clear risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, periodic urine drug testing is indicated if there is in fact some suspicion of narcotic misuse. Although the current prescribed medications do not list narcotics, if the patient is in fact taking something illicit or a previously prescribed narcotic, it would be reasonable to perform a UDS. Given this, this request is medically necessary.