

Case Number:	CM15-0186575		
Date Assigned:	09/28/2015	Date of Injury:	06/03/2003
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 06-03-2003. The injured worker is currently off work and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical radiculopathy, bilateral shoulder impingement syndrome, thoracic sprain, lumbar degenerative disc disease, lumbar radiculopathy, left sciatica, patella femoral syndrome, right posterior tibialis tendonitis, and ankle fracture. Treatment and diagnostics to date has included right ankle surgeries, physical therapy, and medication. Recent medications have included Percocet (since at least 06-03-2015 where it is noted to wean) and LidoPro topical (since at least 06-03-2015). After review of progress notes dated 08-03-2015 and 09-02-2015, the injured worker reported neck (rated 6-8 out of 10 on the pain scale), bilateral shoulder (7-10 out of 10), thoracic (9-10 out of 10), lumbosacral (5-7 out of 10), and bilateral ankle pain (10 out of 10). The treating physician noted that the injured worker is status post electromyography-nerve conduction velocity studies performed on 08-26-2015 and found to be "normal nerve conduction velocity studies of the right upper extremity". The request for authorization dated 09-02-2015 requested LidoPro ointment 121 grams apply 2-3 times a day. The Utilization Review with a decision date of 09-14-2015 non-certified the request for LidoPro ointment 121 grams and modified the request for Percocet 5-325mg to Percocet 5-325mg up to #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the claimant did not have the above diagnoses. The claimant was on topical analgesics including Lidoderm for the past 8yrs. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.

Percocet 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for a few months without documentation of pain scores. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.