MAXIMUS Federal Services

Case Number:	CM15-0207824		
Date Assigned:	10/26/2015	Date of Injury:	08/02/2007
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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

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 was a 52 year old female, who sustained an industrial injury, August 2, 2007. The injured worker was undergoing treatment for shoulder joint pain, chronic low back pain, post laminectomy syndrome of the lumbar spine, lumbar intervertebral disc without myelopathy and shoulder strain and or sprain. According to the progress note of June 19, 2015, the treating physician was discontinuing the Oxycodone and replacing it with Norco 10-325mg. According to progress note of August 25, 2015, the injured worker's chief complaint was low back pain. The injured worker reported the medications and TENS (transcutaneous electrical nerve stimulator) unit helped with the pain. The physical exam noted the injured worker walked with an antalgic gait. There was tenderness with palpation with decreased range of motion. The injured worker previously received the following treatments LidoPro cream, Oxycodone since September 19, 2012, home exercise program and TENS (transcutaneous electrical nerve stimulator) unit. The RFA (request for authorization) dated August 25, 2015; the following treatments were requested prescriptions for LidoPro 1231ml and Oxycodone 10mg #60 modified to Oxycodone 10mg #18. The UR (utilization review board) denied certification on September 29, 2015; for prescriptions for LidoPro 1231ml and Oxycodone 10mg #60 modified to Oxycodone 10mg #18.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Lidopro 121ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

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

Decision rationale: The current request is for 1 Prescription Lidopro 121ML. The RFA is dated 09/22/15. Treatment history include lumbar surgery, physical therapy, low back injections, TENS unit and medications. The patient is temporary totally disabled. LidoPro lotion contains capsaicin, Lidocaine, menthol, and methyl salicylate. MTUS Chronic Pain Guidelines 2009, p111 and Topical Analgesics section, state: Lidocaine Indication: Neuropathic pain 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 Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." According to progress report 08/25/15, the patient presents with low back and shoulder pain. The patient reported current pain level as 8/10, but noted that medications and TENS unit helped with the pain. The physical examination noted that the patient walked with an antalgic gait. There was tenderness with palpation with decreased range of motion. Report 09/22/15 noted "medication helpful with pain control" Oxycodone, really likes LidoPro cream, a "lifesaver." The provider has provided a progress report dated 10/20/15 which is after the Utilization review from 09/29/15. According to this report "Oxycodone helpful for pain control as is LidoPro cream. ADL's increase with the use of pain rx." The patient has reported that LidoPro topical has been helpful in managing the pain. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion/gel/cream form, per MTUS. Therefore, the request is not medically necessary.

60 Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average

pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." According to progress report 08/25/15, the patient presents with low back and shoulder pain. The patient reported current pain level as 8/10, but noted that medications and TENS unit helped with the pain. The physical examination noted that the patient walked with an antalgic gait. There was tenderness with palpation with decreased range of motion. Report 09/22/15 noted "medication helpful with pain control" Oxycodone, really likes LidoPro cream, a "lifesaver." The provider has provided a progress report dated 10/20/15 which is after the Utilization review from 09/29/15. According to this report "Oxycodone helpful for pain control as is LidoPro cream. ADLs increase with the use of pain rx." The patient was started on Oxycodone on 06/19/15. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, lack of aberrant behavior, and discussion of adverse side effects. There is documentation of analgesia, though no activity-specific functional improvements are documented. No discussions regarding aberrant behaviors or possible side effects are provided either. While this patient presents with significant chronic pain complaints, without documentation of all the 4A's as required by MTUS, such narcotic medications cannot be supported. Therefore, this request is not medically necessary.