

Case Number:	CM15-0036014		
Date Assigned:	03/04/2015	Date of Injury:	09/11/2009
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: North Carolina, Georgia
 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:

This 46-year-old female reported a work-related injury on 09/11/2009. According to the pain medicine re-evaluation dated 1/7/15, the injured worker (IW) reports pain in the neck that radiates to the bilateral upper extremities; she has frequent numbness in her hands. She also reports low back pain which radiates down the bilateral lower extremities, upper extremity pain, insomnia and vocal cord pain. The IW was diagnosed with cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, status post cervical fusion, bilateral carpal tunnel syndrome, headaches, chronic pain, status post head trauma, possible ulcerative colitis and intermittent constipation contributing to hemorrhoid pain. Previous treatments include medications, TENS, cervical spine surgery, physical therapy and epidural steroid injections. The treating provider requests Anusol-HC 25mg. suppository, #10 and Lidocaine 2% ointment, #1. The Utilization Review on 01/28/2015 non-certified the request for Anusol-HC 25mg. suppository and Lidocaine 2% ointment, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anusol-HC 25mg suppository: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Anusol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date, Hydrocortisone (Anusol HC), 2015.

Decision rationale: The request for Anusol HC 25 mg rectal suppository is not accompanied by any documentation of symptomatic improvement with its use. Lacking documentation of improved pain or function from prior treatment with Anusol HC, ongoing use is not medically indicated.

Lidocaine 2% ointment Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Lidocaine cream is to be used with extreme caution due to risks of toxicity. There is no submitted rationale for use of lidocaine cream and its use is not medically indicated.