

Case Number:	CM15-0060635		
Date Assigned:	04/06/2015	Date of Injury:	07/08/2012
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 injured worker is a 55 year old female, who sustained an industrial injury on July 8, 2012. The injured worker reported neck, back and hip pain due to lifting heavy object. The injured worker was diagnosed as having chronic neck and thoracic spine pain, lumbar disc herniation and radiculopathy, left hip labral tear, left knee osteoarthritis and right hip pain. Treatment and diagnostic studies to date have included medication, chiropractic, physical therapy and epidural steroid injection. A progress note dated February 20, 2015 provides the injured worker complains of neck, back and bilateral hip pain. Physical exam notes lumbar pain on palpation with decreased range of motion (ROM). There is left hip tenderness with decreased range of motion (ROM). CAT scan and magnetic resonance imaging's (MRI) were reviewed. The plan includes consultation, medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 90 Norco10/325mg is not medically necessary.

30 cyclobenzaprine (Flexeril) 7.5mg with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The medical records supplied for review document that the patient has been taking cyclobenzaprine for at least as far back as six months, long past the 2-3 weeks recommended by the MTUS. 30 cyclobenzaprine (Flexeril) 7.5mg with one refill is not medically necessary.

One prescription of Lidopro topical ointment 4oz with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The medical records supplied for review document that the patient has been using Lidopro for at least as far back as six months. Lidopro topical ointment 4oz with one refill is not medically necessary.