

Case Number:	CM14-0111008		
Date Assigned:	08/01/2014	Date of Injury:	03/22/2011
Decision Date:	10/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 50-year-old male with a date of injury of 3/22/11. The mechanism of injury occurred when he sustained a left arm fracture and underwent surgery. He fell from a ladder and also struck his low back and buttocks. On 2/3/14, a CURES Report was noted to be consistent. On 3/31/14, a urine specimen was collected and reported inconsistent results. On 5/9/14 he was scheduled for a repeat epidural injection of the lumbar spine. He has had 11 physical therapy visits and 20 chiropractic therapy visits in the past which somewhat helped. On 6/2/14, he complained of persistent bilateral arm, back and bilateral leg pain, which was rated 6-7/10. He stated the medications decrease the pain from 7/10 to 5/10. On exam his gait is antalgic and he uses a single point cane. There was tenderness in the bilateral lumbar paraspinals. There is tenderness in the left sacroiliac joint. The CURES Report dated 6/2/14 is consistent. The diagnostic impression is L2 compression fracture, lumbar stenosis, L3-4 and L4-5, s/p left arm fracture (surgical intervention), s/p electrocution (3/22/11), and metal fragment in left eye. Treatment to date: surgery, physical therapy, chiropractic therapy, epidural injections, medication management. A UR decision dated 6/20/14 denied the requests for Lidopro topical ointment and Hydrocodone/APAP (Norco) 10/325mg. The Lidopro ointment was denied because topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient complains of persistent bilateral arm, back, and bilateral leg pain, which is rated 6-7/10. Peer review dated 2/18/14 indicates that the Lidopro was non-certified as there was no indication of failed trials of first-line recommendations of oral antidepressants and anticonvulsants. There remains no evidence of failed trials of first-line recommendations of oral antidepressants and anticonvulsants. The Hydrocodone/APAP was denied because the patient complains of persistent bilateral arm, back, and bilateral leg pain, which is rated 6-7/10. The CURES report dated 6/2/14 is consistent.

While the urine drug tests performed on 4/29/14 reveals inconsistency, the medication only decreases pain at most 20%. The record lacks documentation of risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract. A peer review on 4/23/14 indicates that the Norco 10/325mg was non-certified as MTUS opioid mandated documentation remains unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Lidopro is a compounded ointment containing capsaicin, lidocaine, menthol, and methyl salicylate. Both capsaicin and lidocaine are not supported by guidelines and any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is only supported as a transdermal patch, not in the form of cream and/or ointment. Therefore, the request for Lidopro topical ointment 4oz was not medically necessary.

HYDROCODONE/AP AP 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no noted opiate pain contract signed by the patient. On 6/2/14 there was a consistent CURES Report noted, however, on 3/31/14, a urine specimen was obtained and reported inconsistent results. A UR dated 4/23/14 indicated that Norco 10/325mg #60 was non-certified

due to MTUS opioid mandated documentation being unavailable. Therefore, the request for Hydrocodone/APAP 10/325mg #90 was not medically necessary.