

Case Number:	CM14-0130188		
Date Assigned:	08/20/2014	Date of Injury:	09/23/2005
Decision Date:	12/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 62-year-old female who has submitted a claim for shoulder sprain / strain, lumbar degenerative disc disease, sacroiliac strain, wrist joint pain, status post carpal tunnel release, and mild gastritis associated with an industrial injury date of 9/23/2005. Medical records from 2014 were reviewed. The patient complained of pain at the neck, low back, shoulder, and wrists. The patient also experienced bilateral knee pain aggravated when walking. Intake of medications provided 50% pain relief with improved activities of daily living. Lidopro cream was likewise helpful. Side effects were absent. Physical examination showed tenderness and spasm over the lumbar and cervical spine. Both knees were likewise tender. Treatment to date has included carpal tunnel release, physical therapy, TENS unit, home exercise program, and medications such as Tramadol (since 2013), Ultracet (since July 2014), and Lidopro cream (since January 2014). The utilization review from 7/22/2014 denied the request for Lidopro ointment 121 gm times 2 because of no objective functional improvement from medication use; and denied Tramadol/APAP 37.5/325 mg #90 times 2 because of no current urine drug test, risk assessment profile, and attempt to wean / taper off opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 gm times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Salicylates; Topical Analgesics Page(s): 28-29; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: LidoPro lotion contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. CA MTUS does not cite specific provisions regarding Menthol, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. Pages 111-112 further states that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of Capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. Patient reported symptom relief with medication use. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and Capsaicin in 0.0325% formulation is likewise not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Lidopro ointment 121 gm times 2 is not medically necessary.

Tramadol/APAP 37.5/325 mg #90 times 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was initially on Tramadol since 2013. However, the most recent treatment plan is to adjust tramadol into Ultracet 37.5/325 mg to reduce Tramadol intake and to obtain better control of knee pain. Intake of medications provided 50% pain relief with improved activities of daily living. Side effects were absent. The guideline criteria for continuing opioid management have been met. There was a clear rationale presented for prescribing Ultracet. Therefore, the request for Tramadol/APAP 37.5/325 mg #90 times 2 was medically necessary.