

Case Number:	CM14-0135825		
Date Assigned:	09/03/2014	Date of Injury:	11/28/2012
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neurological Surgery, 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:

The records presented for review indicate that this 41-year-old gentleman was reportedly injured on November 28, 2012 due to maneuvering a heavy cement hose. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco, and LidoPro cream. The physical examination demonstrated tenderness over the midline of the lumbar spine and decreased lumbar spine range of motion. There was normal lower extremity sensation and slightly decreased muscle strength of the left EHL, and tibialis anterior rated at 4+/5. Diagnostic imaging studies of the lumbar spine dated January 2, 2013, reveals mild spondylosis and moderate bilateral foraminal stenosis at L5 - S1 as well as a small disc protrusion at L4 - L5. Previous treatment includes chiropractic therapy, a lumbar support, a lumbar epidural steroid injection, and oral medications. A request had been made for LidoPro ointment, Hydrocodone 5/325, and a follow up with a treating physician and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The requested treating physician is stated to be an orthopedic surgeon. According to the recent progress notes for review there is neither mention of any need for ongoing care with orthopedic surgery nor any mention of potential surgery to be conducted. As such, this request for a follow up with a treating physician is not medically necessary.

Lidopro topical ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: LidoPro ointment is a compounded preparation which includes Capsaicin, Lidocaine, menthol, and methyl salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for LidoPro ointment is not medically necessary.

#30 Hydrocodone/APAP 5/235 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127..

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.