

<b>Case Number:</b>	CM14-0164977		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and leg pain reportedly associated with an industrial injury of March 26, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; hip corticosteroid injection therapy; opioid therapy; and topical compound. In a Utilization Review Report dated September 24, 2014, the claims administrator approved a followup visit, retrospectively denied hydrocodone-acetaminophen, and retrospectively denied a topical compounded medication. The claims administrator invoked a variety of non-MTUS Guidelines in its decision, in spite of the fact that the MTUS addressed all of the issues at hand. The applicant's attorney subsequently appealed. In a January 17, 2014 progress note, the applicant was given prescription for LidoPro ointment and hydrocodone-acetaminophen. A hip surgery consultation was sought to ameliorate the applicant's trochanteric bursitis and hip degenerative joint disease, mild. The applicant stated that ongoing usage of Norco was diminishing his pain and allowing him to go on longer walks. The applicant did nevertheless exhibit mildly antalgic gait. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an applicant questionnaire dated January 17, 2014, the applicant acknowledged that he had last worked over four and half years prior, on September 10, 2009. In a September 5, 2014 progress note, the applicant was described as having difficulty walking on this occasion. Low back, hip, and neck pain were noted. The applicant was using a cane to move about. The applicant was using both Norco two to three times daily and topical Methoderm gel. Both Norco and topical compounded medications were endorsed. Permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/APAP, 7.5/325mg #90, DOS: 9/5/14:** Upheld

**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 Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has not worked in approximately five years; it has been suggested on several occasions referenced above. The attending provider has not outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing hydrocodone-acetaminophen usage. The applicant's difficulty performing activities of daily living as basic as walking suggests, moreover, that ongoing usage of hydrocodone-acetaminophen has not been altogether beneficial here. Therefore, the request was not medically necessary.

**Retrospective Topical CAPS/Cyclo 4%, DOS: 9/5/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.