MAXIMUS Federal Services

Case Number:	CM15-0121327		
Date Assigned:	07/02/2015	Date of Injury:	03/15/2012
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, 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 applicant is a represented 58-year-old State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic low back, ankle, and foot pain reportedly associated with an industrial injury of March 15, 2012. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for Norco, Neurontin, and LidoPro. Partial approvals of Norco and Neurontin were apparently issued for weaning or tapering purposes. The claims administrator referenced an RFA form of May 11, 2015 in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of foot and ankle pain, averaging 7/10. The applicant was only able to walk two blocks continuously before having to stop secondary to pain. The applicant was avoiding working, socializing, performing household chores, doing yard work, and/or shopping secondary to pain complaints. Norco, Neurontin, and permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said limitation in place. The applicant exhibited a visibly antalgic gait. The applicant appeared depressed, it was reported. On May 11, 2015, the applicant reported highly variable 3-8/10 pain complaints. The applicant was not working and was avoiding socializing, performing household chores, yard work, and shopping secondary to pain. The applicant was only able to walk up to two blocks secondary to pain. A podiatry consultation, Norco, Neurontin, and permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, it was reported on progress notes of May 11, 2015, July 6, 2015, and June 8, 2015. The applicant was avoiding working, socializing, and performing household chores secondary to pain complaints. The applicant reported pain complaints as high as 7/10 on July 6, 2015, despite ongoing Norco usage. The applicant was only able to walk up to two blocks continuously, it was reported on that date. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should be asked "at each visit" as to whether there have been improvements in function and/or function achieved as a result of the same. Here, however, it did not appear that ongoing usage of gabapentin had proven particularly beneficial. The applicant remained off of work, despite ongoing gabapentin usage, as acknowledged above. The applicant did have difficulty walking more than two blocks continuously secondary to ongoing pain complaints, it was reported. Permanent work restrictions were renewed, unchanged, from visit to visit. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

LidoPro Gel 121ml #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and ...local-dailymedcf10-2.nlm.nih.gov/dailymed/drugInfo.cfm?setid...FDA Guidances & Info; NLM SPL Resources. Download Data ... Label: LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: Finally, the request for topical LidoPro gel was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the amalgam, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's being intolerant to and/or having failed multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro gel in question. Therefore, the request was not medically necessary.