

Case Number:	CM15-0143434		
Date Assigned:	08/04/2015	Date of Injury:	10/28/2013
Decision Date:	10/27/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 28 year old female, who sustained an industrial-work injury on 10-28-13. She reported initial complaints of neck, right upper extremity and right shoulder pain. The injured worker was diagnosed as having pain in joint, shoulder region, unspecified arthropathy, shoulder region, and chronic pain syndrome. Treatment to date has included medication and diagnostics. MRI results were reported on 12-23-14 that reports mild to moderate disc protrusion at left C2-3, 3-4, C4-5, C5-6, and C6-7. Currently, the injured worker complains of chronic pain in right shoulder rated 7 out of 10 and described as moderate to severe and aggravated by lying down, movement, and rising. Relieving factors include mediation. Sleep is affected. Per the primary physician's progress report (PR-2) on 4-3-15, exam notes restricted cervical spine range of motion with flexion at 30 degrees, lateral rotation at 45 degrees bilaterally, spasm tenderness and tightness of the muscle bands on the right side, tenderness in paracervicals and trapezius on the right. Right shoulder ranges of motion are also limited by pain with flexion and abduction at 80 degrees and extension at 30 degrees, with positive Hawkin's, Neer's, empty can test and lift off tests. Motor strength of deltoid was 1 out of 5 on right biceps and triceps were 3 out of 5 on right. Light touch sensation was noted as decreased over the medial forearm on the right. Current plan of care includes Norco and LidoPro for pain management and psychological evaluation and acupuncture. The Request for Authorization date was 5-7-15 and requested service that included refill for Norco 5/325mg #60 and refill for Lidopro 4% ointment #1. The Utilization Review on 6-30-15 denied the request due to the efficacy of the short acting opiate (Norco) narcotic for continued use and use of LidoPro contains lidocaine and recommended for local peripheral pain after first line therapy trial and not approved in creams and gels, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Shoulder complaints, ACOEM (American College of Occupational and Environmental Medicine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill for Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." "Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contained UDS dated 3/13/15 which was negative for prescribed tramadol and positive for hydrocodone and hydromorphone which were not prescribed. As MTUS recommends to discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed and therefore is not medically necessary.

Refill for Lidopro 4% ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would

be optimal to trial each medication individually. LidoPro contains capsaicin, lidocaine, menthol, methyl salicylate. Per MTUS p 112 with regard to capsaicin, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)" However, the other ingredients in LidoPro are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) " The documentation submitted for review does not contain evidence of trial of first-line therapy to support the use of topical lidocaine. LidoPro topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.