

Case Number:	CM15-0169753		
Date Assigned:	10/02/2015	Date of Injury:	05/12/2014
Decision Date:	11/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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 51-year-old who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of May 12, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator partially approved a request for Percocet while denying a request for topical LidoPro cream outright. The claims administrator referenced a July 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On prescription forms dated February 12, 2015, Percocet, Neurontin, and Prilosec were endorsed. On March 20, 2015, Prilosec, Neurontin, Lexapro, LidoPro cream and Percocet were again endorsed. Same prescriptions were all apparently refilled on May 20, 2015. On a progress note dated June 24, 2015, the applicant reported 7/10 pain in one section of the note. 9/10 complaints of neck, upper back, shoulder, and mid back pain were reported in another section of the note. Yet in another section of the note, the treating provider stated that the applicant had pain complaints in the 10/10 range without medications versus 6/10 with medications. The applicant was on Percocet, Neurontin, and Prilosec, the treating provider stated. The applicant was receiving temporary disability benefits, the treating provider acknowledged. The applicant was also using multiple antidepressants to include Cymbalta and Lexapro but still remained depressed, the treating provider acknowledged. The applicant was placed off of work, on total temporary disability while multiple medications were renewed and/or continued. The treating provider contended that the applicant's pain medications were reportedly improving unspecified activities of daily living and functionalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #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: No, the request for Percocet, 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 and was receiving temporary disability benefits, the treating provider reported on June 24, 2015. Pain complaints as high as 9/10 were reported on that date. While the treating provider did recount a reported reduction in pain scores effected as a result of ongoing Percocet usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical. Decision based on Non-MTUS Citation LIDOPRO (capsaicin, lidocaine, menthol, and – DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid Dec 1, 2012 – LIDOPRO; capsaicin, lidocaine, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for topical LidoPro cream 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 topical capsaicin, i.e., the primary ingredient in the amalgam is recommended only as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concurrent usage of numerous first-line oral pharmaceuticals to include Neurontin, Cymbalta, etc., effectively obviated the need for the capsaicin-containing LidoPro compound at issue. Therefore, the request was not medically necessary.

