

Case Number:	CM15-0063766		
Date Assigned:	04/09/2015	Date of Injury:	07/03/2007
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female who sustained an industrial injury on July 3, 2007. She has reported low back and lower extremity pain and has been diagnosed with chronic pain syndrome, lumbar radiculopathy, right knee degenerative joint disease, right knee chondromalacia, right knee bakers cyst, and right knee meniscus tear. Treatment has included surgery, acupuncture, physical therapy, chiropractic care, and medication. Currently the injured worker rates her back pain at a 3-4/10. There was numbness and tingling in her bilateral feet. The treatment request included Norco and lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating down the right lower extremity to the knee, rated 4/10. The request is for NORCO 10/325 MG QTY 150. Patient is status post let ankle surgery 08/25/14, microlumbar decompression L4-5 06/30/11 and lumbar fusion L5-S1 11/11/08. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles and sacroiliac joint on the right side. Patient's treatments have included surgeries, medications, acupuncture, chiropractic and physical therapy with minimal benefits. Per 02/19/15 progress report, patient's diagnosis include chronic pain syndrome, lumbar radiculopathy, right knee DJD, right knee chondromalacia, right knee baker's cyst, and right knee meniscus tear. Patient's medications, per 03/25/15 progress report include Norco, Cyclobenzaprine, Omeprazole, Ambien, Lidopro Cream, Ibuprofen, and Lorazepam. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The patient was prescribed Norco from 05/15/14 and 03/25/15. UR letter dated 03/12/15 modified the requested # 150 to # 45 tablets. In this case, treater has not discussed how Norco decreases pain and significantly improves patient's activities of daily living. UDS test results dated 12/19/14 were consistent with patient's medications. Per 03/13/15 progress report, CURES are consistent from 09/19/14 to 03/13/15. However, there are no discussions with specific adverse effects, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Unknown prescription of Lidopro Topical Ointment: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating down the right lower extremity to the knee, rated 4/10. The request is for UNKNOWN PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT. Patient is status post let ankle surgery 08/25/14, microlumbar decompression L4-5 06/30/11 and lumbar fusion L5-S1 11/11/08. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles and sacroiliac joint on the right side. Patient's treatments have included surgeries, medications, acupuncture, chiropractic and physical therapy with minimal benefits. Per 02/19/15 progress report, patient's diagnosis include chronic pain syndrome, lumbar radiculopathy, right knee DJD, right knee chondromalacia, right knee baker's cyst, and right knee meniscus tear. Patient's medications, per 03/25/15 progress report include Norco, Cyclobenzaprine, Omeprazole, Ambien, Lidopro Cream, Ibuprofen, and Lorazepam. Patient is permanent and stationary. LidoPro cream contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized controlled trials to determine

efficacy or safety. MTUS further states, any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended. Patient has been prescribed Lidopro Cream on 03/13/15 and 03/25/15. In progress report dated 03/25/15, treater states that Lidopro cream helps patient with the burning at the bottom of her feet. However, the MTUS only supports Lidopro in a patch formulation and not as a cream, lotion, gel or other forms. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical cream contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore the request IS NOT medically necessary.