

Case Number:	CM15-0071307		
Date Assigned:	04/21/2015	Date of Injury:	02/25/2008
Decision Date:	07/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 52-year-old who has filed a claim for chronic neck pain, alleged complex regional pain syndrome (CRPS), and chronic low back pain reportedly associated with an industrial injury of February 25, 2008. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for LidoPro, Norco, lidocaine liquid, and Hysingla. A March 23, 2015 RFA form and associated March 17, 2015 progress notes were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten psychology note dated April 10, 2015, the applicant reported heightened complaints of low back pain with derivative complaints of anxiety. Large portions of the progress note were difficult to follow and not altogether legible. It did not appear that the applicant was working as the treating provider apparently endorsed a course of vocational rehabilitation. In multiple RFA forms dated March 17, 2015, Lidoderm patches, capsaicin cream, Wellbutrin, Norco, and Hysingla were endorsed. It was seemingly suggested that Wellbutrin was endorsed for both neuralgia and chronic pain-induced depression and anxiety. In an associated progress note dated March 13, 2015, the applicant reported persistent complaints of low back, mid back, and forearm pain. The applicant was using Norco, Nucynta, and tapentadol, it was stated in various sections of the note. The note was very difficult to follow and mingled historical issues with current issues. The applicant was also using tizanidine, Lidoderm patches, topical lidocaine, and topical capsaicin, it was reported. The attending provider stated that the applicant's pain complaints were kept at manageable level as a result of ongoing medication consumption. Bending, lifting, pushing, pulling, and prolonged positions remained problematic. The applicant's pain complaints were described as disabling, it was stated in another section of the note, admittedly through usage of preprinted checkboxes. A 20-pound lifting limitation was endorsed. The applicant was

apparently attending Alcoholics Anonymous, it was acknowledged. The applicant was, however, cautioned against usage of opioids in conjunction with alcohol. Large portions of the progress note were difficult to follow and mingled historical issues with current issues. The attending provider also apparently sought authorization for TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidopro (Lidocaine 4%, Menthol 10%, Menthol-Sclicylate 27.5%, Capsaicin 0.325%) 2gm, #120 Units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro is an amalgam of lidocaine, menthol, methyl salicylate, and capsaicin. Here, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin is recommended only 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 intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.

Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, 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 not seemingly working, it was suggested (but not clearly stated) on a March 17, 2015 progress note, at which point the applicant's pain complaints were described as disabling, and on a handwritten psychological counseling note dated April 10, 2015, at which point the applicant was asked to consider vocational rehabilitation. While the attending provider did recount some reported reduction in pain scores allegedly imputed to ongoing opioid usage, including ongoing Norco usage, these reports were, however, outweighed by the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Norco usage. The attending provider's commentary to the effect that various activities of daily living, including bending, lifting, pushing, pulling, and the like remained problematic, coupled with the applicant's seeming failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

One prescription to Lidocaine liquid 4% #30cc bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical lidocaine liquid was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, there was no mention of the applicant having tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medication prior to introduction, selection, and/or ongoing usage of the lidocaine liquid in question. The applicant's ongoing usage of antidepressant adjuvant medications such as Wellbutrin, furthermore, seemingly obviated the need for the lidocaine liquid in question. Therefore, the request was not medically necessary.

One prescription Hysingla ER 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Hysingla (extended release hydrocodone) was likewise 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 acknowledged on both medical and mental health progress notes above. While the attending provider recounted some reported reduction in pain scores effected as a result of ongoing opioid usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing opioid usage. The attending provider's commentary on March 17, 2015 to the effect that the applicant's pain complaints were disabling and that the applicant was still having difficulty performing activities of daily living as basic as bending, lifting, pushing, pulling, and the like, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Hysingla. Therefore, the request was not medically necessary.