MAXIMUS Federal Services

Case Number:	CM15-0093370		
Date Assigned:	05/19/2015	Date of Injury:	07/22/2013
Decision Date:	06/22/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 36 year old male, who sustained an industrial injury on 7/22/13. He has reported initial complaints of low back, bilateral hands and left wrist pain after a fall backwards. The diagnoses have included chronic left wrist pain, tenosynovitis of hand and wrist, pain in joint of hand, arthropathy of the hand, anxiety and depression. Treatment to date has included medications, diagnostics, ice/heat, physical therapy, injections, Transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician, progress note dated 4/6/15, the injured worker complains of low back and left wrist pain, which is moderate to severe, and the medications are not effective. The sleep quality is poor, he is working two jobs and the pain level is increased since the last visit. Physical exam reveals left wrist joint has swelling; there is tenderness to palpation, painful range of motion with flexion, extension, radial and ulnar deviation. The light touch sensation is decreased over the medial and lateral hand on the left side. The diagnostic testing that was performed included electrodiagnostic testing and urine toxicology screen. The current medications included Lunesta, Omeprazole, Senokot, diclofenac, Lidipro ointment, Terocin patches and Ultracet. The urine toxicology dated 4/6/15 was inconsistent with medications prescribed. The physician plan included orthopedic consult for left wrist. The injured worker saw the orthopedist on 3/30/15. He is awaiting approval for left wrist Magnetic Resonance Imaging (MRI) and he is to continue ice, heat and medications as prescribed. The injured worker is to follow up in 4 weeks. Work status is modified duty with restrictions. The physician requested treatments included Lidopro Ointment 4.5%-27.5%-0.0325%-10% quantity 1 and Ultracet tablets 37.5/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 4.5%-27.5%-0.0325%-10% quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 104;111-112.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Lido Pro cream is not medically necessary.

Ultracet tablets 37.5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. In addition, there is no evidence of compliance of the patient with his medication. The UDS collected on April 6, 2015 tested negative for Ultracet. Therefore, the prescription of ULTRACET 37.5/325 mg #60 is not medically necessary.