

Case Number:	CM13-0029134		
Date Assigned:	11/01/2013	Date of Injury:	07/25/2013
Decision Date:	01/22/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 43-year-old male with reported date of injury on 07/25/2013; the mechanism of injury was a lifting injury. The patient presented with constant low back pain, stiffness, numbness, tingling, decreased range of motion, pain and radiation to both legs into the heels, tenderness along the paraspinal borders of the lumbar spine extending from L3 to L5, segmental tenderness at L4 and L5, muscle spasm and guarding, and a positive straight leg raise on the left at 60 degrees. No gross deformities were noted upon examination in the lumbar spine, supine to sit test assessing for positive of the ileum was intact, lumbar quadrant test was intact, stoop test was intact, deep tendon reflexes were equal and symmetrical bilaterally in the lower extremities. The patient had diagnoses including musculoligamentous traction injury of the cervical spine, musculoligamentous traction injury of the lumbar spine with a 2 mm protrusion at L5-S1, lumbar sprain, and sprain of the neck. The physician's treatment plan included a request for naproxen sodium 550 mg #60, flurbiprofen/ lidocaine/menthol /camphor, and request for tramadol/lidocaine/dextromethorphan/capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The Chronic Pain Guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Per the provided documentation, it appeared the patient had been utilizing the medication since at least 08/2013. The guidelines recommend the use of naproxen for patients with osteoarthritis and patients with chronic low back pain experiencing acute exacerbations. The guidelines recommend short-term use; the continued use of naproxen would exceed the guideline recommendation for short-term use. Additionally, within the provided documentation it was noted the patient's back pain was better with acupuncture, physical therapy, and naproxen; however, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication.

Flurbiprofen/Lidocaine/Menthol/Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two week period. The guidelines note these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the provided documentation, it did not appear the patient had a diagnosis that would coincide with the use of

flurbiprofen topically. Additionally, the guidelines do not recommend the use of lidocaine in cream or other forms besides the topical application of Lidoderm in a patch form.

Tramadol/lidocaine/dextromethorphan/capsaicin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: The Chronic Pain Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Within the provided documentation it did not appear the patient had a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or past mastectomy pain that would demonstrate the patient's need for topical capsaicin at this time. Additionally, the guidelines do not recommend the use of lidocaine in cream or other forms besides the topical application of Lidoderm in a patch form.