

Case Number:	CM13-0035850		
Date Assigned:	12/13/2013	Date of Injury:	04/15/2011
Decision Date:	02/05/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to medical records reviewed, the claimant began employment with [REDACTED] [REDACTED] on December 5, 2005, in the capacity of a bus driver. Her job duties involve driving a city bus, handling specific routes, and picking up and dropping off passengers at designated stops. She is continuously maneuvering the steering wheel. She pushes a button to open and close the doors. She has on average 400 stops a day. She is also involved in getting off the bus to help disabled passengers, strapping them in, including their wheelchairs. The physical demands entail bending, reaching and squatting. She is required to lift and carry up to 80 pounds. Her duties also required bending, stooping, squatting, pushing, pulling, reaching, twisting, turning, prolonged sitting, and standing, walking, climbing, stretching, grasping and gripping. She works eight hours per day, five days per week. MECHANISM OF INJURY She developed pain in her back, bilateral lower extremities and right knee during the course and scope of her employment with [REDACTED], in the capacity of a bus driver. She attributes this to the nature and physical demands of her job, especially the prolonged sitting, bending, forceful pushing and pulling, and heavy lifting up to 80 pounds. She continued to work with pain and discomfort until April 15, 2011, when her pain became more intense and intolerable. She reported her symptoms to her employer, but was not offered medical attention. She sought medical treatment on her own. The patient was initially evaluated by [REDACTED], the physician on duty at a company clinic in Long Beach. Medications were prescribed. A course of physical therapy was initiated, which she attended two times per week for two weeks. She was returned to work with restrictions of no squatting, kneeling and heavy lifting. Subsequently, the patient's employer required her to attend a "Wellness Class" during which time she experienced severe tightness and stiffness in her low back, asso

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketop/Lidoc//Cap/Tram 15%, 0.012/5%, liquid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

Decision rationale: According to the MTU Chronic Pain Medical Treatment Guidelines page 111; topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. MTUS supports Capsaicin, topical, only as an option in patients who have not responded or are intolerant to other treatments.

Flur/Cyclo/Caps/UD 10%, 0.0125% 1%, liquid: Upheld

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

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

Decision rationale: According to the CA- MTU (effective July 18, 2009) Chronic Pain Medical Treatment Guidelines page 111; topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.