

Case Number:	CM13-0047367		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2007
Decision Date:	06/04/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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. The expert reviewer is Board Certified in Neurological Surgery 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 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/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:

The claimant has an injury date of April 5, 2007 and the dispute utilization review was filed on December 5, 2013. The claimant was diagnosed with lumbosacral neuritis and provided a prescription for Exoten-C lotion. The review cites that there are no large-scale, randomized, controlled references showing the safety and efficacy of the requested medication and cites the MTUS guidelines indicating that topical preparations are largely experimental. The reviewer additionally denied request for Lidoderm patches with a similar explanation and directly references the MTUS Lidoderm patch guidelines. Also, the reviewer denied request for Gabapentin noting that the medication was not documented as being effective in improving function or decrease pain. The clinical note, dated December 6, 2013, indicates that the claimant returns for reevaluation. The primary complaint is low back pain with bilateral lower extremity radiculopathy and cramping of the left foot. Pain with medications is rated as 8/10 and without medications is rated as 9/10. The clinician does not indicate which medications are currently being utilized to provide the pain reduction. Additionally, the claimant notes pain with activity and walking. The pain is documented as being unchanged since the last visit. The physical examination documents that the claimant is in moderate distress and ambulates with a slow antalgic gait. Examination of the lumbar spine reveals spasm in the paraspinal musculature, diminished range of motion, and significantly increased pain with flexion and extension. A neurologic exam was not performed on this visit. The clinician reviews previous imaging studies including MRI of the lumbar spine dated May 15, 2011. This MRIs documented demonstrated neuroforaminal narrowing on the left at L5-S1. Disc bulges are noted at L2-3 and L4-5, but there is no nerve root impingement. The clinician does not discuss the indication or area for application of the Exoten-C lotion. The previous clinical note, dated November 8, 2013, also provides a prescription for the Exoten-C lotion, but there is no discussion of the indication or

area for application. An appeal letter dated, November 15, 2013, indicates that the Exoten-C lotion had been documented as providing the claimant relief "in the past." The progress note, dated October 11, 2013, documents the claimant reported pain scores of 10/10 regardless of medication utilization. Prior to that, on August 2 and 30, 2013, the Exoten-C lotion was prescribed. There is no documentation that either of these prescriptions were denied. The clinician does not provide an indication in the December 6, 2013 note for continuing the gabapentin. Additionally, there is no objective documentation of nerve root impingement or exam findings consistent with radiculopathy. A previous clinic note dated November 8, 2013, documents that the clinician intends to discontinue the Lidoderm patches. Rationale for discontinuation of this medication is not provided, nor does the clinician indicate a reason for resuming the use of Lidoderm patches on the subsequent note.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C LOTION 120 ML #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 105,111-113.

Decision rationale: Exoten-C lotion is a topical preparation that contains methyl salicylate, menthol and capsaicin. The MTUS recommends topical analgesics as an option as indicated and notes that these medications are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS goes on to state that these preparations are largely experimental with few randomized controlled trials to determine efficacy or safety. The MTUS notes that topical salicylates are recommended and are significantly better than placebo in the treatment of chronic pain. These guidelines also recommend capsaicin as an option in individuals who have not responded or are intolerant to other treatments. The MTUS does not specifically comment on the usage of menthol in these preparations. Based on the clinical documentation provided, the claimant received a prescription, and presumably utilizes medication on at least 2 prior occasions before it was denied by the reviewer. On the subsequent notes following the usage of Exoten-C lotion, the claimant reported increased pain. While the MTUS appears to support this medication as an option, the clinical documents clearly indicate that it was not efficacious. Additionally, the clinician does not address any significant functional gains from the usage of this medication. As such, the preparation is not medically necessary.

LIDODERM 5% PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM PATCHES; TOPICAL ANALGESICS Page(s): 56-57; 111-113.

Decision rationale: The MTUS indicates that Lidoderm patches may be used topically for localized peripheral pain. Based on the clinical documentation provided, the claimant was previously utilizing Lidoderm patches and these were subsequently discontinued. The clinician does not provide indication or reasoning for resuming the use of this intervention in the subsequent notes. Additionally, the clinical exam findings do not indicate peripheral radiculopathy or pain. As such, in accordance with the MTUS guidelines, the request is not medically necessary.

GABAPENTIN 600MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-22.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.