

Case Number:	CM13-0055650		
Date Assigned:	01/24/2014	Date of Injury:	12/04/2012
Decision Date:	04/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational 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 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:

This is a 57 year old male patient s/p injury 12/4/12. The patient presented on 11/7/13 for follow-up of low back pain and lower extremity symptoms. He has received authorization for a lumbar epidural injection. He stated that he can handle his pain at this time. He stated that chiropractic care has somewhat decreased his pain. He takes ibuprofen 400mg 1-5 times a day, Prilosec and LidoPro cream. He states that these medications help to decrease his pain. He reports occasional GI upset with ibuprofen use, which is well controlled with the Prilosec. He has increased his sleep and decreased his pain with LidoPro. The patient has had at least 23 sessions of chiropractic therapy. The 12/12/13 chiropractic note states that the patient has no new complaints. He is slowly improving with his function. He has moderate hypertonicity and tender lumbosacral musculature. There is documentation of a 10/30/13 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL LOTION 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylates Topicals, and Topical Analgesics Page(s): 28, 105, 111-113.

Decision rationale: Lidopro cream contains Capsaicin / Lidocaine / Menthol / Methyl Salicylate Topical. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains several ingredients that are not recommended. Even though the record states that it is efficacious, the topical compound cannot be recommended. Therefore, the request for Lidopro was not medically necessary.

OMEPRAZOLE 20MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines state that PPI can be used with patient's at intermediate or high risk for GI complications. This patient is on chronic NSAID therapy and has intermittent GI symptoms. Prilosec is noted to help. The request is medically necessary.

EIGHT (8) CHIROPRACTIC MANUAL TREATMENTS FOR THE LUMBAR SPINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Chiropractic Care Page(s): 58.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits are supported. In addition, elective/maintenance care is not medically necessary. This patient has already completed 23 sessions of chiropractic care, which already exceeds guideline recommendations. While there is some evidence of

improvement, there is no evidence of a rationale to exceed the recommended number of sessions. The request is not medically necessary.