

Case Number:	CM13-0057331		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2010
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 28 year old male who was injured on 09/20/2010 while lifting a heavy metal beam and developed low back pain. Treatment history included physical therapy, TENS unit, Lidopro cream 121 gm, Naproxen 550 mg #60, Promolaxin 100 mg/day; diclofenac (Voltaren) 50 mg EC tablet, omeprazole (Prilosec) 20 mg capsule, polyethylene glycol (Miralax) 17 gram packet; nitrofurantoin (macrocrystal-monohydrate); and Macrobid) 100 mg capsule 100 mg. The past surgical history includes L4-5 lumbar laminectomy and microdiscectomy. MRI of the lumbar spine performed on 09/11/2012 revealed L4-L5 degenerative disc disease with a broad-based posterior disc protrusion, left side larger than right, measuring approximately 6 mm with severe compression of the exiting left L5 nerve and left lateral recess stenosis, stable in appearance. There was facet arthropathy and moderate bilateral foraminal stenosis. Grade 1 degenerative L5-S1 spondylolisthesis, slight disc bulge, endplate bone spurs and facet arthropathy causing moderately severe left and moderate right foraminal stenosis. There was left intraforaminal nerve impingement by the bone spurs and no significant change noted. X-ray Fluoro independent Proc for urology performed on 07/13/2012 revealed the scout image is unremarkable. The bladder is filled with a moderate amount of contrast material and shows normal morphology. The post void residual was small. No reflux of contrast was seen into the ureters. A clinic note dated 11/07/2013 documented the patient presented with complaints of continued low back pain with lower extremity radiation, and increased acute right lower leg pain. Objective findings on exam included tender lumbar paraspinal muscles, antalgic gait, a normal skin exam, alert and oriented, ambulation with cane, and decreased lumbar range of motion. The patient was diagnosed with lumbar region injury, status post surgery, dysuria, myofascial pain, history of cauda equina, and chronic pain, hypotonic neurogenic bladder and low back pain with radiculopathy. The current review is for four pairs of TENS patches, decision for one

prescription for Lidopro cream 121 gm, and decision for one prescription of Naproxen 550 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four pairs of TENS patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulator).

Decision rationale: The Physician Reviewer's decision rationale: As per CA MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." Reviewing records submitted indicate there is no functional improvement, reduction in medication use, or reduced pain level with the prior use of the TENS unit. Also, there is no documentation of ongoing treatment during the prior use of TENS unit. Thus, the request for 4 pairs of TENS patches is non-certified.

Lidopro cream 121gm: 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): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: The active ingredient in lidopro cream is CAPSAICIN 0.000325g in 1g, LIDOCAINE 0.045g in 1g, MENTHOL 0.10g in 1g, METHYL SALICYLATE 0.275g in 1g. According to the CA MTUS guideline for topical analgesics, capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the medical documentation the patient is receiving treatment which increases function and decreases pain. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended according to the guidelines. Therefore the request is not certified.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: As per CA MTUS guidelines, if long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. However, the patient has a history of long-term Naproxen use and the submitted medical records do not document functional improvement with chronic Naproxen use. Thus, the request for Naproxen 550 mg #60 is not medically necessary