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| <b>Case Number:</b>   | CM13-0068406 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 10/22/2010 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 11/18/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2013 |

### 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 Internal Medicine, and is licensed to practice in Virginia. 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 65 year old man who sustained an injury on Oct 22 2010 and thereafter had issues with pain in multiple sites which included his neck, back, shoulder, and left knee. He was seen by [REDACTED] on Apr 3 2012 for neck and back pain. He was diagnosed with canal stenosis at multiple levels and chronic neck pain. He was prescribed: Carisoprodol, hydrocodone/apap, podiatry follow up, ILESI at C4-5 and C5-6 and orthopedic follow up. He was seen by [REDACTED] on Apr 26 2012 for neck and back pain. His diagnoses remained unchanged and, in addition to the previous visit recommendations, he was recommended to have TFESI bilaterally at L5 and S1. He was seen by [REDACTED] on Jun 1 2012 for neck and back pain. He was prescribed Flexeril and Norco. He was seen by [REDACTED] on Aug 31 2012 for neck and back pain. He was prescribed Norco and Medrox patches as well as chiropractic care for 8 weeks. He was seen by [REDACTED] on Sep 27, Nov 1, Nov 29 and Dec 20 2012 for neck and back pain. He was prescribed Norco and Medrox patches as well as chiropractic care for 8 weeks. He was seen by [REDACTED] on Jan 24, Feb 14, Mar 14, Apr 11, Jun 20 2013 for neck and back pain. He was prescribed Norco. On May 20 2013, the patient had a left shoulder arthroscopic subacromial decompression and extensive debridement of rotator cuff, biceps and labral tearing by [REDACTED]. The patient also had one med panel to monitor medications. [REDACTED] saw the patient on Oct 3 2013 for headache, neck and back pain. He was instructed to follow up with neurology for headache. He was seen by [REDACTED] on Nov 21 2013 for multiple pain complaints. He was seen by [REDACTED] on Jan 16 2014 for increasing left arm and hand complaints. He was given Norco and Lidopro topical ointment and to follow up with a podiatrist. He had a functional capacity evaluation performed by [REDACTED] on Oct 7 2013 and they noted that the patient should have several restrictions which included no lifting, carrying or pulling over 25 lbs.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FCE:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Per the ODG, a functional capacity evaluation (FCE) is recommend prior to admission for work hardening program. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to successful. An FCE may be considered if case management is hampered by complex issues and/or the patient is close to or at maximum medical improvement with all additional/secondary conditions clarified. There is no evidence from the clinical documentation provided for review that a work hardening program was being considered. Therefore, the request for a FCE is not medically necessary and appropriate.

**MED PANEL TO MONITOR MEDICATIONS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-2.

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, "The International Association for the Study of Pain (IASP) states that pain is "an unpleasant sensory oremotional experience associated with actual or potential tissue damage, or described in terms of such damage." (Merskey and Bogduk 1994) This describes pain as a subjective experience; therefore, unlike hypertension or diabetes, there is no objective measurement for pain intensity. Analysis of the objective data (psychosocial assessment, physical exam findings, imaging results, lab tests) is needed to evaluate the patient's subjective report of pain." The patient did have ongoing pain issues and was receiving medications which required renal and hepatic clearance. Therefore, the request is medically necessary and appropriate.

**1 PRESCRIPTION FOR LIDOPRO TOPICAL OINTMENT 4OZ:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 38,56,28,29,105.

**Decision rationale:** Lidopro contains lidocaine, methyl salicylate and capsaicin. Per the MTUS Chronic Pain Guidelines, "Mexiletine, Lidocaine patches, and Capsaicin are used but efficacy is not convincing...Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics." The MTUS Chronic Pain Guidelines further indicate that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The 0.00375% formulation of Capsaicin is not recommended in the MTUS Chronic Pain Guidelines and there is no evidence of first-line therapy trial. Therefore, the request for lidopro is not medically necessary and appropriate.