MAXIMUS Federal Services

Case Number:	CM13-0068412		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2004
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	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 Physical Medicine & 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 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 injured worker is a 48-year-old male who reported injury on 03/01/2004. The mechanism of injury was not provided. The injured worker's medication history included opiates, PPIs, and topical ointments/lotions as of 2012. The documentation of 11/08/2013 revealed the injured worker's pain was an 8/10 to 10/10. The injured worker indicated the pain decreased his quality of life and radiated from the low back to the bilateral legs. The injured worker indicated he had spasms in the back and bilateral legs. It was indicated the injured worker ran out of medications and suffered intense pain going to the ER for treatment, where he was given a narcotic injection which relieved his pain substantially. The injured worker's blood pressure was 156/95 and pulse was 85. The injured worker had moderate tenderness in the low back to palpation. The diagnoses included low back pain with radicular pain into the lower extremities and internal derangement of the knees bilaterally. The treatment plan included a handwritten prescription for Oxycodone 30 mg #180 for pain, gabapentin 600 mg #90 for pain, Tramadol ER 150 mg #30 for long-acting pain relief, Flexeril 7.5 mg #60 for muscle spasms, Protonix 20 mg #60 to treat upset stomach from taking medications, and LidoPro cream 4 ounces for topical use for pain. The documentation went on to indicate with the use of the medication, the injured worker's pain decreased, allowing him to be more functional. It was indicated the injured worker had daily spasms, numbness and tingling in the back, and bilateral legs. The medications managed the symptoms to allow the injured worker to be more functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 OXYCODONE 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, Ongoing Management, Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 180 Oxycodone 30 mg is not medically necessary.

60 PROTONIX 20MG (11/8/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 Protonix 20mg (11/18/13) is not medically necessary.

60 PROTONIX 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of the efficacy for the requested medication. The request as submitted failed to

indicate the frequency for the requested medication. Given the above, the request for 60 Protonix 20 mg is not medically necessary.

LIDOPRO CREAM 4OZ (11/8/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesic, Topical Capsaicin, Lidocaine, Page(s): 105, 111, 28, 112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments such as Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review indicated the injured worker had been utilizing topical ointments and creams since 2012. There was a lack of documented efficacy for the requested medications. There was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for LidoPro cream, 4 ounces, 11/08/2013 is not medically necessary.

LIDOPRO CREAM 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Topical Capsaicin, Lidocaine, Page(s): 105, 111, 28, 11.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments include Lidocaine and Lidoderm. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical Salicylate. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. The clinical documentation submitted for review indicated the injured worker had been utilizing topical ointments and creams since 2012. There was a lack of

documented efficacy for the requested medications. There was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for LidoPro cream, 4 ounces, is not medically necessary.