

Case Number:	CM14-0004495		
Date Assigned:	02/05/2014	Date of Injury:	01/29/2010
Decision Date:	08/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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 & Rehab, has a subspecialty in Pain 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:

The injured worker is a 47-year-old female who reported an injury on 01/29/2010. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/16/2014 reported the injured worker complained of low back pain. The injured worker reported using medication and TENS unit treatment, which helped with pain. Upon the physical exam, the provider noted tenderness to palpation. The provider also noted decreased range of motion. The injured worker had diagnoses of lumbar degenerative disc disease, sacroiliac strain, lumbosacral or thoracic neuritis, myofascial pain, insomnia, and depression. The provider requested for LidoPro cream (capsaicin, lidocaine, menthol, and methyl salicylate), tramadol, and sertraline. The provider requested medications for pain and depression. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM(CAPSAICIN,LIDOCAINE,MENTHOL AND METHYL SALICYLATE): 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 Page(s): 111-112.

Decision rationale: The request for LidoPro Cream (Capsaicin, Lidocaine, Menthol, And Methyl Salicylate), is not medically necessary. The injured worker complained of low back pain. The injured worker reported using medication and TENS unit treatment to help with pain. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Guidelines note any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note capsaicin was only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation of capsaicin, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines note topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch. Lidoderm has been designated for orphan status by the FDA for neuropathic pain. The guidelines note topical analgesics are indicated for osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend for short term use of 4 to 12 weeks. The request exceeds the guideline recommendation of 0.025% for Capsaicin. There was a lack of documentation the injured worker has signs and symptoms or diagnosed with osteoarthritis. There was a lack of documentation indicating the injured worker to have neuropathic pain. There was also a lack of documentation indicating the injured worker had tried and failed on first-line agents for the management of neuropathic pain. Additionally the injured worker had been utilizing the medication for an extended period of time since at least 01/14/2014 which exceeds the guideline recommendation of 4-12 weeks. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for LidoPro cream (Capsaicin, Lidocaine, Menthol, And Methyl Salicylate), is not medically necessary.

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for tramadol is not medically necessary. The injured worker complained of low back pain. The injured worker reported using medication and TENS unit treatment to help with pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not

provided in the documentation submitted. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for tramadol is not medically necessary.

SERTRALINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-14.

Decision rationale: The request for sertraline is not medically necessary. The injured worker complained of low back pain. The injured worker reported using medication and TENS unit treatment to help with pain. The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain. The guidelines also note tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines also note a systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain, short term pain relief, but the effect on function is unclear. There was a lack of clinical documentation indicating the injured worker had signs and symptoms or was diagnosed with neuropathic pain. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request for sertraline is not medically necessary.