

Case Number:	CM14-0006522		
Date Assigned:	03/03/2014	Date of Injury:	03/10/2004
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 43-year-old male who reported injury on 03/10/2004. The mechanism of injury was not provided. The injured worker's medication history included opiates, Flexeril, Prilosec, Celebrex, and Terocin patches as of 08/2013. The documentation of 12/05/2013 revealed the injured worker's pain was a 5/10 with medications and 7/10 to 8/10 without medications. The injured worker was noted to be taking Flexeril as needed for muscle spasms, Prilosec once a day and Indomethacin. Additionally, it was indicated the injured worker was utilizing Terocin cream to decrease pain and decrease intake of medications. It was indicated the Flexeril did not help with his pain level but he noted that Zanaflex with Norco had been much more effective in controlling his pain level and spasms. Objective findings revealed the injured worker had tenderness to palpation of the lumbar spine with spasms on the right side. The CURES and urine toxicology were noted to be consistent with medications that were prescribed. The diagnoses included right lower extremity CRPS, peripheral neuropathy with diabetes, chronic pain due to the above, medication induced gastritis, lumbar radiculopathy, progressive neuro deficits, and bilateral calf fasciculations long-term. The treatment plan included a transforaminal epidural steroid injection bilaterally at S1 and a 6 month gym membership, a neurology consult due to lower extremity weakness and fasciculations of the calf muscles, Norco 10/325 mg #180 to continue 6 per day, Flexeril #90 to use as needed for muscle spasms, and Terocin patches as a topical pain reliever to help keep narcotic use down. It was indicated the injured worker should discontinue Indomethacin due to diabetes. Additionally, the injured worker was prescribed Celebrex 200 mg #30 and Prilosec #60 for gastric protection. The request for authorization included Hydrocodone/APAP 10/325, Omeprazole 20 mg capsules, and LidoPro topical ointment 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF LIDOPRO TOPICAL OINTMENT 4OZ #1: 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,. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: 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. California MTUS guidelines indicate that topical Lidocaine (Lidoderm) 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). 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 salicylates. Per drugs.com, LidoPro is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. It was indicated the injured worker was using the topical Terocin patches. There was a lack of documentation indicating the necessity for an additional topical. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The duration of use for LidoPro could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the prospective request for 1 prescription of LidoPro topical ointment 4 oz #1 is not medically necessary.

PROSPECTIVE REQUEST FOR PRESCRIPTION OF FLEXERIL #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the treatment of low back pain. There should be documentation of objective functional benefit and their use is not recommended for greater than 3 weeks. The duration of

use was noted to be greater than 4 months. The clinical documentation submitted for review indicated the injured worker had been prescribed 2 medications for muscle spasms. The injured worker indicated Flexeril did not help with pain but noted that Zanaflex with Norco had been much more effective in controlling the pain level and spasms. As such, this request would not be supported. The frequency and strength were not provided. Given the above, the prospective request for prescription of Flexeril #90 is not medically necessary.