

Case Number:	CM14-0106485		
Date Assigned:	09/16/2014	Date of Injury:	09/27/2008
Decision Date:	10/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 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 39-year-old male who reported an injury on 09/27/2008 due to an unknown mechanism. Diagnoses were grade 1 spondylolisthesis at the L5-S1 with radiculopathy to the lower extremities, status post PLIF at L4-5 and L5-S1 (12/06/2010), status post removal of hardware with repair of pseudoarthrosis L4-5 (11/09/2012), lumbar fusion revision for pseudoarthrosis and fractured S1 pedicle screw (07/14/2013), medication induced gastritis, and lumbar spinal cord stimulator trial (05/29/2014). The examination of the lumbar spine revealed posterior lumbar musculature was tender to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. There was a decrease in range of motion with obvious muscle guarding. The sensory examination with Wartenberg pinprick wheel was decreased along the posterolateral thighs and posterolateral calves bilaterally in approximately the L5-S1 distribution. The straight leg raise in the sitting position was positive at 60 degrees bilaterally. Medications were Anaprox DS, Prilosec, Prozac, Doral, Fexmid, Neurontin, LidoPro, Ultram ER, and Restone. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 (date of service 06/02/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management, Page(s): page 75, page 78.

Decision rationale: The decision for Norco 10/325 mg quantity 240 (date of service 06/02/2014) is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The 4 A's of ongoing opioid medication were not reported. The frequency of this medication was not reported. Therefore, Norco 10/325mg #240 is not medically necessary.

Doral 15mg #30 (date of service 06/02/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: The decision for Doral 15 mg quantity 30 (date of service 06/02/2014) is not medically necessary. Doral is a benzodiazepine. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request does not indicate a frequency for the medication, also. Therefore, Doral 15mg #30 is not medically necessary.

LidoPro (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate)(date of service 06/02/2014)(quantity unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesic, Topical Capsaicin, 28, Lidocaine, Page(s): page 105, pag.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant of other

treatments. The 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 (tricyclic or SNRI antidepressants 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. The guidelines recommend treatment with topical salicylates. Per Drugs.com, LidoPro is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. The frequency for this medication was not reported nor the quantity. The efficacy of this medication was not reported. There were no other significant factors provided to justify the use outside of current guidelines, therefore, LidoPro (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate) is not medically necessary.