

<b>Case Number:</b>	CM14-0106511		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & 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:

This is a 47-year-old male with a 4/14/10 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/28/14, the patient complained of neck and lower back pain rated at 7-8/10 on the pain scale. He stated that his pain worsens when he increases his activity level. The patient stated that Percocet allows him greater ability to wash dishes, do laundry, and shower. He reported a 5/10 pain level with medication and a 7-8/10 pain level without medication. He stated the effectiveness of Percocet was wearing off, and it didn't work as well as it used to work to control his pain. He also stated that acupuncture was working well to control his pain and brought his pain level down from a 7/10 to a 5/10. Objective findings: tenderness to palpation over the cervical paraspinal muscles as well as positive cervical facet loading, spasm in left trapezius and left paraspinal muscles, diminished sensation to light touch of bilateral hands, tenderness to palpation over lumbar spine with associated muscle guarding, decreased ROM in the low back. Diagnostic impression: lumbar sprain/strain with bilateral lower extremity radiculopathy left cervical radiculitis, post-dural puncture headache (resolved). Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 6/30/14 denied the requests for LidoPro and consult for headaches. The request for Percocet was modified for this fill of 60 tablets for weaning purposes. Regarding LidoPro, there is no mention of a failed trial of a first line medication for neuropathic pain and guidelines do not support this topical medication. Regarding Percocet, there is no documented increase in function with opiate use and he is not working. Regarding consult for headaches, there are no subjective complaints of headache. Post-dural puncture headaches are noted to be resolved and there was no head exam noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Topical Ointment 4 oz NDC- 53225102101:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (LidoPro).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the FDA, LidoPro is a topical lotion containing capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for LidoPro Topical Ointment 4 oz. is not medically necessary.

**Percocet 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a progress report dated 5/28/14, the patient stated that the effectiveness of Percocet is wearing off and doesn't work as well as it used to work to control pain. Guidelines do not support the continued use of opioid medications when there is a lack of ongoing pain reduction and functional improvement. Therefore, the request for Percocet 10/325mg #90 is not medically necessary.

**Consultation for Headaches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition ( body part chapters 6-14) Primary care management Text pages 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The provider stated that he is requesting a consult for the patient's headaches. However, there is no documentation that the patient is suffering from headaches. In addition, it is noted that the patient's postdural puncture headaches have been resolved. Therefore, the request for Consultation for Headaches is not medically necessary.