MAXIMUS Federal Services

Case Number:	CM14-0108417		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2013
Decision Date:	09/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family 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 patient is a 29-year-old male who has submitted a claim for Adjustment disorder with mixed anxiety and depressed mood, cervical degenerative disc disease and chronic myofascial pain associated with an industrial injury date of February 28, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of neck pain radiating to the upper extremity with numbness, grip issues and sensitivity. Examination revealed decreased neck and upper extremity range of motion, tenderness of the paraspinal and trapezius muscles with hypertonicity, and tenderness of the left elbow. Treatment to date has included medications, acupuncture, ultrasound therapy, and analgesic creams. Utilization review from June 18, 2014 denied the request for Lidopro, 121 grams, Diclofenac 100mg #30 and TENS patch. The request for Lidopro was denied because there was no documentation of failed trials of first-line oral antidepressants and anticonvulsants. The request for Diclofenac was denied because there was no evidence of failed trials of Y drugs. The request for a TENS patch was denied because there was limited indication that the patient had made significant objective and functional improvements from use of the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro, 121 grams: 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; Salicylate topical; Capsaicin topical Page(s): 111-113; 105; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro topical ointment contains Capsaicin in 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, California MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, the California MTUS Chronic Pain Medical Treatment Guidelines, page 28, states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of Capsaicin would provide any further efficacy. Lidocaine is not recommended for topical applications. In this case, patient has been prescribed Lidopro 121 grams. However, certain component of this compound, i.e., Lidocaine and Capsaicin 0.0325%, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro, 121 grams is not medically necessary.

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. Official Disability Guidelines do not recommended Diclofenac as first line due to increased risk profile. Recent studies confirm that Diclofenac increases risk of cardiovascular (40%) and cerebrovascular events, and mortality. In this case, patient reported pain relief upon intake of medications. However, he has been on Diclofenac since Feb 12, 2014, and has been taking 100mg/tablet once daily. Long-term use of NSAID is not recommended as stated by the guidelines above. Therefore, the request for Diclofenac 100mg #30 is not medically necessary.

TENS patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy; Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: Page 114 of the California MTUS Chronic Pain Medical Treatment Guidelines state TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient had been experiencing pain for more than three months. There was evidence that other pain modalities were tried but according to the latest progress report, the patient felt that medications help with pain/HA, sleep and ADLs. There was no treatment plan that includes the specific short- and long-term goals of treatment. Most importantly, the patient already had been on a TENS unit since March 2014. However, there was no documentation of its outcome in terms of pain relief and improvement of ADLs. Therefore, the request for TENS patch is not medically necessary.