

Case Number:	CM14-0011207		
Date Assigned:	02/21/2014	Date of Injury:	12/30/1998
Decision Date:	08/01/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 53-year-old male who has submitted a claim for status post fusion L3-S1, left sacroiliitis, right shoulder arthralgia, chronic pain syndrome, and lumbar facet arthropathy associated with an industrial injury date of December 30, 1998. The medical records from 2013 were reviewed. The patient complained of low back pain, rated 9/10 in severity. There was bilateral lower extremity numbness and tingling as well. The physical examination showed tenderness of the bilateral lumbar paraspinals, left greater than the right. There was also tenderness on the left posterior superior iliac spine. There was decreased range of motion of the lumbar spine. Motor strength was 4/5 on bilateral lower extremities, limited by pain. Sensation was intact. Straight leg raise test was positive bilaterally while FABER and Gaenslen's test was positive on the left. An MRI of the lumbar spine, dated May 31, 2013, revealed status post fusion L3-4 and L5-S1, and at L2-3 and L3-4 there is neural foraminal and canal stenosis. The official report of the imaging study was not available. Treatment to date has included medications, activity modification, lumbar spinal fusion, and trigger point injections. The request for follow up in 4 weeks was also denied. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lipopro Cream as a Topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Topical Salicylate.

Decision rationale: The CA 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. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, the CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, the CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient complains of persistent low back pain radiating to the lower extremities. A progress report dated November 18, 2013 stated that a trial of LidoPro cream was requested to help decrease pain without addition of more opiates. However, LidoPro ointment has components that are not recommended for topical use. Also, the present request as submitted failed to specify the quantity to be dispensed. Therefore the request for lipopro cream as a topical is not medically necessary.

Follow-Up in 4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Office Visits.

Decision rationale: The CA MTUS does not specifically address follow-up visits; however, according to the ODG, evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, patient was last seen by his physician on December 16, 2013 to follow-up with his low back pain and bilateral lower extremity numbness and tingling. However, there was no discussion regarding the indication or necessity for the next requested follow-up visit. Furthermore, the request failed to indicate the specialization of physician and quantity of office visits. Therefore, the request for follow up in four 4 weeks is not medically necessary.

