

Case Number:	CM14-0015374		
Date Assigned:	02/28/2014	Date of Injury:	04/23/2010
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 58-year-old male with a 04/23/2010 date of injury. A specific mechanism of injury was not described. Status post bilateral hemilaminectomy, foraminotomy, and partial facetectomy, and left L4-5 lumbar microdiscectomy on 6/12/13. 1/24/14 determination was modified. Ketoprofen and hydrocodone/APAP, cyclobenzaprine was modified, and LidoPro topical ointment was non-certified. Reason for non-certification of this last medication included no indication of intolerance of first-line medications. Cyclobenzaprine was modified to initiate a weaning process. 1/23/14 chiropractic note identify low back pain rated 8/10. Exam revealed tender bilateral thoracic and lumbar spine, as well as SI joint. 12/5/13 progress report identified low back pain and left lower extremity symptoms rated 8/10. The pain radiated to the foot with numbness and tingling. There was decreased sensation in the L4, L5, S1 dermatomes. There was also decreased strength. Diagnoses included status post lumbar surgery, left L4-5 radiculopathy, history of bladder incontinence for over a year off and on, and peripheral lumbar myositis.

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 #1: Overturned

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): 111-113. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: LIDOPRO (CAPSAICIN, LIDOCAINE, MENTHOL, AND METHYL SALICYLATE) OINTMENT ACTIVE INGREDIENTS: CAPSAICIN 0.0325%, LIDOCAINE 4.5%, MENTHOL 10%, METHYL SALICYLATE 27.5%. [HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED](http://DAILYMED.NLM.NIH.GOV/DAILYMED).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels) is 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. Considering this, the medical necessity for the requested medication was not substantiated.

CYCLOBENZAPRINE 7.5 MG #70: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The medical records do not indicated acute muscle spasms for which a short course of muscle relaxants may be indicated. The patient's symptoms were chronic in nature and there was no clear rationale for the use of this medication. The medical necessity of this medicatio was not substantiated.