

Case Number:	CM14-0110597		
Date Assigned:	08/01/2014	Date of Injury:	08/12/2013
Decision Date:	10/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Pain Medicine and is licensed to practice in Washington and 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 23-year-old female who reported an injury on 08/12/2013. The mechanism of injury was the injured worker slipped and fell while mopping. The documentation of 05/09/2014 revealed the injured worker had complaints of mid and low back pain. The injured worker was noted to be attending chiropractic treatment. The injured worker's medications included tramadol ER, Flexeril, ketoprofen, and LidoPro cream since at least 03/2014. The medications were noted to help the injured worker with her pain and allow for an increased level of function with no side effects. The injured worker had neck pain, mid back pain, and low back pain with associated numbness radiating into the lower extremities to her feet and numbness and weakness in the upper extremities extending to the elbows. The objective findings revealed decreased range of motion of the cervical spine, thoracic spine, and lumbar spine. The injured worker had decreased sensation on the left at the C6-7 dermatomes. Sensation was intact in the bilateral lower extremities. Motor strength was 4+/-5 in the bilateral deltoids and biceps. The injured worker had 5-/5 strength in the right wrist in extension, in the bilateral wrists for flexion, triceps, interossei, finger flexion, and finger extension, as well as the left TA and EHL. The straight leg raise was positive bilaterally at 50 degrees with radiating pain to the knees. The Spurling's was negative bilaterally. The diagnoses included cervical, lumbar, and thoracic sprain/strain; possible cervical and lumbar radiculopathy; and bilateral shoulders and elbows arthralgia. The treatment plan included an MRI of the cervical spine and lumbar spine, a continuation of tramadol ER for pain, Flexeril for muscle spasms, ketoprofen for pain, and LidoPro cream in an attempt to reduce the usage of oral medications. The surgical history was stated to be none. The documentation indicated the injured worker underwent an EMG/NCV. There was a rationale and detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the medication was helpful. However, there was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The duration of use was for at least 1 month. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #30 is not medically necessary.

Ketoprofen 75mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the medication was beneficial for the injured worker. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was at least 1 month. Given the above, the request for ketoprofen 75 mg #90 is not medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 1 month. As such, this request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

LidoPro topical ointment 4 oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. 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 (tri-cyclic or SNRI anti-depressants 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 clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants that had failed. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The duration of use was greater than 1 month. There was a lack of documented objective functional benefit for the requested medication. The request as submitted failed to indicate the body part to be treated as well as the frequency for the requested medication. Given the above, the request for lidopro topical ointment 4 oz #1 is not medically necessary.