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| Case Number: | CM14-0123990 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 04/24/2012 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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 and Rehabilitation, has a subspecialty in Neuromuscular 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 44 year old male with a work injury dated 4/24/12. The diagnoses include low back pain and inguinal hernia. Under consideration is a request for retrospective Lidopro Ointment 12gm DOS: 6/12/14 and retrospective Cyclobenzaprine 7.5mg #30 DOS: 6/12/14. There is a primary treating physician report dated 6/12/14 that states that the patient still has low back pain. He saw a back specialist 6-8 months ago and was not happy with the result. He was told to "walk." He is still pending a surgery consult for a hernia. He is using his TENS unit. His meds are helpful in reducing pain and increasing activities of daily living. There are no side effects. He usually takes half doses. His hernia is still painful. On exam his hernia is large in the right scrotum with no change from last exam. The treatment plan includes a renewal of LidoPro, Cyclobenzaprine, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Ointment 12gm DOS: 6/12/14: 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 Acupuncture Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. 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. Topical lidocaine 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). There is no evidence that this patient has tried the above mentioned first line therapy medications. There is no indication that the patient is intolerant to oral medications. Furthermore, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidopro Ointment 12 grams DOS 6/12/14 is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg #30 DOS: 6/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) ; Antispasmodics Acupuncture Medical Treatment Guidelines Page(s): 6, 41-42.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 weeks. From the documentation submitted patient has been on this longer than the 2-3 week recommended period and therefore continued use is not medically necessary. Furthermore the recent physical exam findings do not support the need for this a muscle relaxant. The retrospective request for Cyclobenzaprine 7.5mg #30 DOS: 6/12/14 is not medically necessary.