MAXIMUS Federal Services

Case Number:	CM14-0125970		
Date Assigned:	08/27/2014	Date of Injury:	10/10/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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:

This is a 48-year-old male with a 10/10/11 date of injury; the mechanism of the injury was not described. The patient was seen on 8/5/14 with complaints of spasm and 6-8/10 back pain radiating into bilateral lower extremities with numbness in the legs. The pain was increased with sitting, standing and walking for longer than 20 minutes. The patient was using Tramadol, Naproxen, Protonix, Effexor, Flexeril and Gabapentin and was able to lift 10-15 pounds. Exam findings revealed blood pressure 146/90, pulse 98 and that the patient was not in acute distress. The lumbar spine range of motion was: flexion 40 degrees and extension 15 degrees. There was tenderness in the low back to palpation. The diagnosis is adjustment disorder with pain disorder, thoracic/lumbar sprain, depression, knee sprain. Treatment to date: work restrictions and medications. An adverse determination was received on 7/23/14. The request for LidoPro was denied due to lidocaine ingredient, which was not recommended for topical application due to guidelines. The request for Terocin Patches was denied given that lidocaine ingredient was recommended for peripheral neuropathic pain and only in a dermal patch formulation. The request for aqua therapy was denied given that the physical examination did not establish significant deficits to indicate the need to aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Salicylate Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: LidoPro lotion contains Lidocaine, Capsaicin, Menthol and Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are 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. LidoPro contains lidocaine that is not recommended in compound formulations due to CA MTUS Guidelines. Therefore, the request for LidoPro lotion 4oz #1 is not medically necessary.

Terocin patches, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been "designated for orphan's status by the FDA for neuropathic pain." In addition, CA MTUS states that 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 a lack of documentation indicating that the patient tried and failed first-line oral therapy for neuropathic pain. Therefore, the request for Terocin patches #20 is not medically necessary.

Aqua Therapy 3x4 for lower back area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, LumbarPhysical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is "recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity." There is a lack of documentation indicating that patient was not able to perform different exercise program than aquatic therapy. It is not clear if reduced weight bearing exercises were indicated for the patient

and the patient's weight was not documented. Therefore, the request for Aqua Therapy 3x4 for lower back area is not medically necessary.