

<b>Case Number:</b>	CM14-0134037		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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 injured worker sustained an injury on 4/24/13 while employed by [REDACTED]. Diagnoses include lumbar and cervical spine HNP/ facet arthropathy; Grade I anterolisthesis at L4-5; thoracic spine DDD. Report of 7/7/14 from the provider noted the patient with ongoing chronic neck and back pain rated at 5/10 with associated spasm and numbness down left leg to feet and radiating pain down left arm to wrist. Medications list Norflex, Ketoprofen, Trazodone, and LidoPro cream with temporary relief by 30%. Exam showed antalgic gait; limited range in cervical and lumbar spine; 4+/5 muscle strength at TA, EHL and inversion with 5-/5 in upper extremities and eversion and PF. Peer reviews of 1/6/14 and 6/16/14 had previously non-certified LidoPro and modified Trazodone and Ketoprofen to taper off medication. The request(s) for Lidopro Topical Ointment 4 oz, #1, Trazodone 50 mg, #60, and Ketoprofen 75 mg, #90 were non-certified on 8/4/14 citing guidelines criteria and lack of medical necessity.

### 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: Upheld**

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

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

**Decision rationale:** Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The request for Lidopro Topical Ointment 4 oz, #1 is not medically necessary and appropriate.

**TRAZODONE 50MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Trazodone 50mg, #60 is not medically necessary and appropriate.

**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 (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Ketoprofen (Orudis) is a nonsteroidal anti-inflammatory drug. Guidelines states that NSAIDS should not be used for more than a few weeks as they can retard muscle and

connective tissue healing and perhaps cause hypertension; therefore, they should be used only acutely. Submitted reports have not adequately demonstrated support for the ongoing treatment with NSAID medication for this April 2013 injury without documented acute flare or new injury. The Ketoprofen 75 mg, #90 is not medically necessary and appropriate.