

Case Number:	CM14-0153550		
Date Assigned:	09/23/2014	Date of Injury:	01/15/2008
Decision Date:	11/26/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal Medicine, and is licensed to practice in New York. 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 man with a date of injury of 1/15/08. He was seen by his provider on 8/19/14 with complaints of back pain status post anterior fusion T8011, and posterior fusion T7-12 in 9/13. His medications included Percocet, Flexeril and LidoPro cream. He reported 30-40% relief with the medications. His exam showed an antalgic gait and he used a cane. He had tenderness over the lateral surgery site. At issue in this review is the request for LidoPro ointment and cyclobenzaprine. Length of prior therapy is not documented in the note.

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 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57; 112-113.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2008. LidoPro cream is a compounded product consisting of capsaicin, Lidocaine, menthol, and methyl salicylate. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is

not recommended is not recommended. The records do not provide clinical evidence to support efficacy specific to LidoPro or medical necessity for a non-recommended and compounded cream such as LidoPro. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5 Mg #60: 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): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2008. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any improvement in pain or functional status specifically related to Cyclobenzaprine or a discussion of side effects to justify ongoing use. There was no documentation of spasms on exam. The medical necessity of Cyclobenzaprine is not supported in the records therefore, this request is not medically necessary.