

<b>Case Number:</b>	CM14-0156161		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 63-year-old male with a 4/24/13 date of injury. At the time (9/2/14) of Decision for Lidopro topical ointment, Trazodone 50mg #60, and Ketoprofen 75mg #90, there is documentation of subjective (neck pain, back pain, spasm, and occasional numbness down the left leg to the feet) and objective (antalgic gait, decreased cervical and lumbar range of motion, and decreased muscle strength of the left tibialis anterior and extensor hallucis longus) findings, current diagnoses (herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of the cervical spine, degenerative disc disease of the thoracic spine, grade I anterolisthesis at L4-L5, and facet arthropathy of the cervical, thoracic and lumbar spines), and treatment to date (medications (including ongoing treatment with Trazadone, Lidopro, and Ketoprofen)). Medical reports identify decrease in pain by about 30% temporarily, increase in sleep by at least 2 hours and increase walking distances by about 10 minutes as a result of medications use. Regarding Trazadone, there is no documentation of chronic pain and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro topical ointment:** 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 based on Non-MTUS Citation ther Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/sfx/lidopro-side-effects.html> Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** An online search identifies that LidoPro contains capsaicin / lidocaine / menthol / methyl salicylate topical. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of of the cervical spine, degenerative disc disease of the thoracic spine, grade I anterolisthesis at L4-L5, and facet arthropathy of the cervical, thoracic and lumbar spines. However, Lidopro contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request Retrospective LidoPro Ointment 121gm is not medically necessary.

**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 Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of the cervical spine, degenerative disc disease of the thoracic spine, grade I anterolisthesis at L4-L5, and facet arthropathy of the cervical, thoracic and lumbar spines. In addition, there is documentation of ongoing treatment with Trazadone. Furthermore, given documentation of medical reports identifying decrease in pain by about 30% temporarily,

increase in sleep by at least 2 hours and increase walking distances by about 10 minutes as a result of medications use, there is documentation of functional benefit and improvement as an increase in activity tolerance in the use of medications as a result of Trazadone use to date. However, despite documentation of subjective (neck and back pain) findings, there is no (clear) documentation of chronic pain. In addition, there is no documentation of depression. Therefore, based on guidelines and a review of the evidence, the request for Trazodone 50mg #60 is not medically necessary.

**Ketoprofen 75mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of the cervical spine, degenerative disc disease of the thoracic spine, grade I anterolisthesis at L4-L5, and facet arthropathy of the cervical, thoracic and lumbar spines. In addition, there is documentation of back pain and ongoing treatment with Ketoprofen. Furthermore, given documentation of medical reports identifying decrease in pain by about 30% temporarily, increase in sleep by at least 2 hours and increase walking distances by about 10 minutes as a result of medications use, there is documentation of functional benefit and improvement as an increase in activity tolerance in the use of medications as a result of Ketoprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen 75mg #90 is medically necessary.