

<b>Case Number:</b>	CM14-0038584		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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:

The patient is a 66-year-old female who has submitted a claim for herniated nucleus pulposus at L3-L4, chronic back pain, chronic radiculopathy, and status post MLD at L3-L4 and L4-L5 associated with an industrial injury date of November 4, 2012. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 9/10 in severity. There was radiation of pain, numbness and tingling on the left lower extremity going all the way to her toes. Physical examination showed limited range of motion of the lumbar spine. There was decreased sensation on the left L5 and S1 dermatomes. Motor strength was 4/5 on the left psoas, quadriceps and hamstrings. Straight leg raise test on the left caused numbness extending to the foot. Lasegue's maneuver was positive on the left. MRI of the lumbar spine dated November 10, 2012, revealed 5.5mm central left paracentral disc herniation at L3-L4, and 7mm central disc herniation at L4-L5. EMG/NCV of the lower extremities dated November 14, 2013 showed evidence of left L5-S1 and right S1 radiculopathy. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, acupuncture, pool therapy, home exercise program, activity modification, and microlumbar discectomy. Utilization review, dated March 10, 2014, denied the requests for retrospective Lidopro topical ointment 4oz (DOS 1/29/14) because topical medications are experimental, not for general use and the patient was tolerating oral medications; retrospective Cyclobenzaprine 7.5mg tablet #30 (DOS 1/29/14) because long term use is not recommended; and follow-up 6 weeks because it is only necessary if the patient sustains an exacerbation of the chronic condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE LIDOPRO TOPICAL OINTMENT 4OZ(DOS 1-29-14): 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains Capsaicin In 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been using Lido-Pro since December 2013. The patient claims that it helps her with her pain and allow for an increased level of functions with no side effects. However, there was no mention regarding the therapeutic indication for the use of this medication despite not being recommended by guidelines. LidoPro topical ointment has components that are not recommended for topical use. Also, the present request as submitted failed to specify the quantity to be dispensed. Therefore, the request for retrospective Lidopro topical ointment 4oz(DOS 1-29-14) is not medically necessary.

**RETROSPECTIVE CYCLOBENZAPRINE 7.5 MG TABLET, #30 (DOS 1-29-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, a sedating muscle relaxant, is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. In this case, the patient has been on Cyclobenzaprine since January 6, 2014. The recent clinical evaluation does not indicate relief of pain and functional improvement of the patient from Cyclobenzaprine use. Also, the use of Cyclobenzaprine has exceeded the

recommended duration of treatment. Therefore, the request for retrospective Cyclobenzaprine 7.5 mg tablet, #30 (DOS 1-29-14) is not medically necessary.

**FOLLOW-UP 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER, OFFICE VISITS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits.

**Decision rationale:** CA MTUS does not specifically address follow-up visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. According to ODG, evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient was asked to follow-up in six weeks for re-evaluation and further discussion. The patient has persistent low back pain, rated 9/10 in severity. Medications include Ketoprofen, Flexeril, and Lidopro cream. She was also currently on aquatic therapy. The patient was provided with lumbar corset, given a trial of Elavil, and was prescribed chiropractic physiotherapy. A follow-up visit may be necessary at this time for re-assessment of the patient and monitoring of treatment. However, the request failed to specify the number of office visits for this case. Therefore, the request for follow-up 6 weeks is not medically necessary.