

Case Number:	CM14-0044471		
Date Assigned:	07/02/2014	Date of Injury:	05/31/2012
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Tennessee. 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 48-year-old female who has submitted a claim for low back pain, upper and lower extremity pain, lumbar radiculopathy, myofascial pain, associated with an industrial injury date of May 31, 2012. Medical records from 2013-2014 were reviewed. The latest progress report, dated 6/25/14, showed low back pain with radiation to both lower extremities. Physical examination revealed normal gait but with tenderness of the lumbar area. Treatment to date has included injection therapy, chiropractic therapy, home exercise program, TENS, and medications such as Topiramate and Lidopro since October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topical, Capsaicin topical Page(s): 111-113, 105, 28. 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. 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 October 2013. However, certain component of this compound, i.e., Lidocaine is not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover the frequency of usage and quantity to be dispensed were not specified. Therefore, the request for Lidopro topical analgesic is not medically necessary.

Topirmate 100 mg tab one po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-21.

Decision rationale: Pages 16 to 21 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of response may be a 'trigger' for switching to a different first-line agent or combination therapy. Outcomes with at least 50% reduction of pain are considered good responses. In this case, the patient complains of back pain with radiation to the lower extremities despite topiramate intake since October 2013. However, medical records submitted for review indicate inadequate pain control, and no objective evidence of functional improvement from its use. Therefore, the request for Topiramate 100mg tab one po bid #60 is not medically necessary.