MAXIMUS Federal Services

Case Number:	CM14-0050929		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2013
Decision Date:	08/27/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal 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 54 year old female who experienced her worker's comp injury on 5/13/13 and since then has developed chronic cervical pain related symptoms. On 1/20/14 she had electrodiagnostic tests which demonstrated right and left carpal tunnel syndrome but no evidence of cervical radiculopathy or peripheral neuropathy. On 2/20/14 she had a consultation with an orthopedist and spine specialty office and she was noted to have neck pain which has increased over time and was accompanied by occasional tingling and numbness down her arm. The pain was reported to be 3/10 on the pain scale. She also was noted to have headaches radiating from the posterior neck up to the temporal region. It was noted that physical therapy did not help her and that 5 chiropractic treatments did help. It was also noted that Advil provided mild relief of symptoms. The listed diagnoses were 1-possible cervical radiculopathy, 2-cervical strain, and 3-possible cervicogenic headaches. No acupuncture or surgery had been undertaken. She was given flexeril and lidopro for pain relief. A request for psychological counseling was made and continuation of lidopro was made. Also, the report requested continuation with the patient's neurologist for the chronic headaches. On 4/3/14 the lidopro patch and the psychological counseling were both non certified by the UR committee and a request for IME evaluation was made by the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz, #1 (capsaicin, lidocaine, menthol and methylsalicylate):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on chronic pain Page(s): 38,56,57,112,and 113.

Decision rationale: Lidopro topical ointment is a combination of capsacin, lidocaine, menthol, and methylsalicylate. Topical lidocaine is used for neuropathic pain but the MTUS states that further research is needed to recommend this for chronic pain other than for treatment of herpes neuralgia. Only one study has been done analyzing its use in chronic muscle pain and the results showed it no more superior than placebo. Lidocaine is also noted to be used for localized peripheral pain but only after first line meds such as tri-cyclics, SNRI's such as Cymbalta or meds such as neurontin or lyrica have been attempted. The MTUS also noted that there could be risk of systemic absorption and side effects and that this would be dependent upon such things as application of a large amount over a large area, application left on for a long time period, or the use of occlusive dressings. In conclusion, lidocaine's efficacy in chronic pain treatment is not convincing. Capsaicin is another local application product whose efficacy has not been convincingly demonstrated. It is an option when patients have not responded or are intolerant to other treatments. There have been some randomized studies done relating to arthritic pain, fibromyalgia pain and nonspecific back pain. But, in conclusion, this agent should be utilized when other more conventional treatments have failed. Methyl salicylate is derived from local plants and is found in such topical applications as Ben gay. Lastly menthol is another agent which is found in such local applications such as tiger balm or icy hot. In this patient other first line modalities such as tri-cyclic, Cymbalta, Neurontin or Lyrica were not attempted and this patient presented with myalgia type pain and not neuropathic pain. Lidocaine is possibly indicated for neuropathic pain and is not recommended for myalgic type of pain. Capsaicin is also not indicated in this patient and should be a treatment of last resort. Lastly, the menthol and methyl salicylate component can be found in such over the counter products as ben gay and tiger balm. Therefore, the request is not medically necessary.Capsaicin is another local application product whose efficacy has not been convincingly demonstrated.It is an option when patient's have not responded or are intolerant to other treaments.There has been some randomized studies done relating to arthritic pain, fibromyalgia pain and non specific back pain done. But, in conclusion, this agent should be utilized when other more conventional treatments have failed.Methyl salicylate is derived from local plants and is found in such topical applications as Ben gay.Lastly menthol is another agent which is found in such local applications such as tiger balm or icy hot .In this patient other first line modalities such as tri-cyclics, Cymbalta, Neurontin or Lyrica were not attempted and this patient presented with myalgia type pain and not neuropathic pain.Lidocaine is possibly indicated for neuropathic pain and is not recommended for myalgic type of pain. Capsaicin is also not indicated in this patient and should be a treatment of last resort. Lastly, the menthol and methyl salicylate component can be found in such over the counter products as ben gay and tiger balm.Therefore , the UR committee was justified in non certification of lidopro ointment.

Pain psychological consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 101 and 1-2.

Decision rationale: The MTUS states that psychological treatment is recommended in chronic pain treatment in patients who are appropriately identified. In addition, psychological intervention must include setting goals, conceptualizing the patient's pain beliefs and coping skills, assessing for psychological and cognitive issues, and addressing comorbid mood disorders such as depression, anxiety, panic disorders, and post traumatic stress disorder. It is noted that cognitive behavioral treatment and self-regulatory treatments are particularly effective. Lastly, it is noted that incorporation of psychological treatment as part of a multidisciplinary pain management treatment program had short term benefit and also aided in the long term return to work of the patient. In this particular patient we note that her neck pain had become chronic and she was having increased difficulty in managing and dealing with her pain. It is appropriate for her to have a psychological consultation to discern as to whether or not she would be an appropriate candidate for such intervention as part of a multidisciplinary pain treatment program. Therefore, the request is medically necessary.