

<b>Case Number:</b>	CM14-0055221		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 23-year-old female who sustained an injury on 01/12/14. She experienced right arm and left shoulder pain while cleaning a bathroom and then approximately 15 minutes later sustained back injury while making a bed. The injured worker was originally treated with chiropractic treatment, acupuncture, and medication management. Diagnosis included lumbar retrolisthesis, right shoulder pain rule out impingement, and myofascial pain. Clinical note dated 03/19/14 indicated the injured worker presented complaining of neck pain, low back pain, right shoulder pain, and muscle spasm. The injured worker rated the pain as 7/10. Current medications included Naproxen 550mg, Omeprazole 20mg, and LidoPro ointment. The injured worker was utilizing transcutaneous electrical nerve stimulation (TENS) unit with benefit for pain relief. Physical examination revealed normal gait, decreased cervical spine and lumbar spine range of motion, and positive diffuse tenderness to palpation in the cervical spine and lumbar spine paraspinal musculature. Prescription for Cyclobenzaprine 7.5mg every night for spasm was provided. The initial request for LidoPro, Toradol, and X-ray of the lumbar spine flexion/extension were non-certified on 03/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, page 105 Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications have not been established through rigorous clinical trials. LidoPro is noted to contain Capsaicin, Lidocaine, Menthol and Methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for LidoPro is not medically necessary.

**Toradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the documentation provided that the injured worker was being treated for an acute injury. Additionally, the request does not specify the dose, amount, frequency, or route to be administered. As such, the request for Toradol is not medically necessary.

**X-ray of the Lumbar spine, Flex/Ext:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/18/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, X-rays (Roentgenograms).

**Decision rationale:** As noted in the Low Back Complaints section of the CA MTUS guidelines, X-Rays are recommended when red flags for fracture, cancer, or infection are present. Routine use of X-rays during first month of symptoms in absence of red flags is not recommended. Routine oblique views are not recommended for the diagnosis of low back disorders. It is also noted that the use of radiography is indicated with acute trauma with significant pain or neurologic deficit, painful or sudden onset of myelopathy, or post-surgical evaluation status of fusion. The injured worker does not meet these criteria. As such, the request for X-ray of the lumbar spine, flexion/extension is not medically necessary.