

Case Number:	CM14-0056240		
Date Assigned:	07/09/2014	Date of Injury:	10/08/2012
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/25/2014

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 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 injured worker is a 37-year-old female who reported an injury on 10/08/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/24/2014 indicated diagnoses of lumbar sprain/strain, lumbar degenerative disc disease, and myofascial pain. The injured worker reported low back pain that was intermittent, strong pressure with occasional sharp pain that was worse with activity such as prolonged sitting, standing, walking, bending and lifting that occasionally radiated to lower extremities, left greater than right with numbness and tingling. On physical examination, there was tenderness to palpation to the lumbar paraspinal muscles with spasms. The injured worker's prior treatments included home exercise program and medication management. The injured worker's medication regimen included diclofenac sodium, tramadol, Topiramate, Lidopro cream HEP. The provider submitted request for the above medications. The request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenace sodium ER 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Diclofenace sodium ER 100 mg #60 is is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile. The injured worker has been prescribed diclofenac since at least 04/14/2014. This exceeds the guideline recommendation of short period of 4 to 8 weeks. In addition, it was not indicated if the injured worker had a trial and of acetaminophen as a first line therapy. Additionally, there was lack of documentation of efficacy and functional improvement. In addition, the request did not indicate a frequency for the medication. Therefore, the request for diclofenac sodium ER is not medically necessary.

Tramadol 50 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: The request for Tramadol 50 mg #90 is not medically necessary. The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, there is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for tramadol is not medically necessary.

Topiramate 25 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 21.

Decision rationale: The request for Topiramate 25 mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail.

Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. The documentation submitted did not indicate the injured worker had tried and failed other anticonvulsant medications. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Lidopro cream HEP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidopro cream HEP is not medically necessary. Lidopro cream contains (Capsaicin 0.0325%/Lidocaine 4.5%/Menthol 10% and Methyl Salicylate 27.5%). The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. The guidelines also indicate Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Capsaicin is generally available at 0.025% formulation. The formulation of 0.0325% of capsaicin exceeds the guideline recommendation. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for postherpetic neuralgia, diabetic neuropathy or post mastectomy pain. Furthermore, it was not indicated that the injured worker had trials of antidepressants and anticonvulsants and failed them. Furthermore, topical lidocaine is only approved in the dermal patch Lidoderm. In addition, the request did not indicate a dosage, frequency or quantity for this medication. Therefore, the request for Lidopro cream is not medically necessary.