

Case Number:	CM14-0057678		
Date Assigned:	07/09/2014	Date of Injury:	01/16/2011
Decision Date:	09/03/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/28/2014

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:

This is a 52 year-old male with a date of injury of 1/16/11. On a report (the date is unclear) titled Doctor's First Report of Occupational Injury or Illness, it was noted that the mechanism of injury occurred when he fell down and injured his lower back. On 9/11/11, he slipped and fell and injured his left knee and reinjured his lower back. On 4/14/14, he complained of low back pain and left knee pain. Objective findings: decreased range of motion and decreased power of left lower extremity and left lower extremity radiculopathy. The diagnostic impression is lumbar spine foraminal stenosis, lumbar spine radiculopathy and lumbar spine sprain/strain. The treatment to date includes physical therapy and medication management. A UR decision dated 4/19/14, denied the requests for Lidopro and Trazodone. The Lidopro (Capsaicin, Lidocaine, Menthol, and Methyl Salicylate) ointment was denied because guidelines state that compounded medications are largely experimental, and also that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Lidocaine topical, and Capsaicin topical, are both not recommended by guidelines. Trazodone was denied because guidelines carry a "Not Recommended" rating as a first line treatment, and state that "evidence for the off-label use of Trazodone for treatment of insomnia is weak." Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend Trazodone as a first line to treat primary insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,28,111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Lidopro is a compounded ointment containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. Both Capsaicin and Lidocaine are not supported by guidelines and any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Lidopro 12 is not medically necessary.

Trazadone 50 mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter Trazodone.

Decision rationale: CA MTUS does not specifically address Trazodone. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. However, although guidelines support the use of Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms, there is very limited information in the documents provided, and there was no information provided to support a diagnosis of coexisting depression or anxiety along with his insomnia. Therefore, the request for Trazodone 50mg #30 was not medically necessary.