MAXIMUS Federal Services

Case Number:	CM14-0078087		
Date Assigned:	07/18/2014	Date of Injury:	02/19/2012
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 02/19/2012, the mechanism of injury was a lifting injury. On 03/10/2014, the injured worker presented with low back and right leg pain, associated with numbness and weakness. Upon examination of the lumbar spine, there was pain to palpation at the L4-5, L5-S1, and L3-4. There was palpable spasms at L4-5 and L3-4 with limited range of motion. There is a positive right sided straight leg raise. The diagnoses were severe lumbar spinal stenosis, spondylolisthesis grade 1 L4-5, stenosis of L3-4 moderate, radiculopathy/radiculitis, and depression. The provider recommended LidoPro cream, Terocin patches, and Trazodone. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 4 oz: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111.The Expert Reviewer's decision rationale:The request for LidoPro Cream 4oz is not medically necessary. The California MTUS Guidelines state that "transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug or 1 drug class that is not recommended, is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptors agonist, and adenosine." There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an anticonvulsant or antidepressant. Additionally, the provider's request does not indicate the site that the medication is indicated for, or the frequency, in the request as submitted. As such, the request is not medically necessary.

Terocin Patches #20: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111.The Expert Reviewer's decision rationale:The request for Terocin Patches #20 is not medically necessary. The California MTUS Guidelines state that "transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug or 1 drug class that is not recommended, is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptors agonist, and adenosine." There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to an anticonvulsant or antidepressant. Additionally, the provider's request does not indicate the site that the medication is indicated for, or the frequency, in the request as submitted. As such, the request is not medically necessary.

Trazodone 50mg #60: 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 SSRIs Page(s): 107.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, SSRIs, page 107. The Expert Reviewer's decision rationale:The request for Trazodone 50mg #60 is not medically necessary. The California MTUS does not recommend SSRI or selective serotonin reuptake inhibitors as treatment for chronic pain. Selective serotonin reuptake inhibitors are a class of antidepressants that inhibit serotonin reuptake without action of noradrenaline and are controversial based on controlled trials. As the guidelines do not recommend SSRI as treatment for chronic pain, Trazodone would not be warranted. There is lack of exceptional factors provided within the documentation submitted to support approving outside the guideline recommendations. As such, the request is not medically necessary.