

Case Number:	CM14-0078239		
Date Assigned:	07/18/2014	Date of Injury:	03/20/2012
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 female who reported an injury on 03/20/2012. The mechanism of injury was not provided. The mechanism of injury was a slip and fall. The injured worker underwent an EMG/NCV. The injured worker was noted to have utilized 24 visits of chiropractic care, physical medicine, and utilized LidoPro cream since 11/2013. The injured worker underwent multiple x-rays. The surgical history was noncontributory. The documentation of 03/24/2014 revealed the injured worker had complaints of pain to the neck with radiation to the bilateral upper extremities. The injured worker had complaints of weakness, numbness, and tingling in the bilateral upper limbs, right greater than left. The injured worker was complaining of pain to the low back with radiation to the bilateral lower limbs. There was a complaint of weakness, numbness, and tingling in the lower limbs from the knee down to the foot. The pain was noted to be achy and numbness. The injured worker indicated the symptoms were better with topical creams, rest, and medications. The documentation indicated the prior chiropractic treatment which provided approximately 60% relief and medication which decreased the pain from 8/10 down to 5/10 to 6/10. The injured worker's medications included ketoprofen 75 mg twice a day, Pamelor at bedtime, and LidoPro cream. The physical examination revealed tenderness to palpation in the bilateral lumbar paraspinals with decreased flexion and extension. The injured worker was able to toe walk and heel walk with increased low back pain. The injured worker had decreased sensation at the bilateral lower extremities. The injured worker was noted to have undergone MRIs and x-rays. The diagnosis was lumbar radiculopathy. The treatment plan included chiropractic therapy for the lumbar spine for 1 to 2 times a week times 4 weeks, an epidural steroid injection targeting bilateral L4 and L5, LidoPro topical ointment 4 oz, and Omeprazole for GI prophylaxis as the

injured worker continued to use chronic anti-inflammatory medications. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI Bil L4 - L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; ESIs Injections Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings of radiculopathy upon physical examination that are corroborated by imaging studies and/or electrodiagnostic studies. There should be documentation of a failure of exercise, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had a lumbar spine MRI on 11/27/2013 revealing degenerative disc disease at L3-4 and L5-S1 and moderate central stenosis at L4-5. However, the official results for the MRI was not provided for review. There was a lack of documentation of a failure of conservative care. Given the above, the request for ESI bilateral L4-5 is not medically necessary.

Chiro Therapy LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medial Treatment Guidelines; Chiropractic care Page(s): 58 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. The treatment is 6 sessions for an initial trial and with objective functional improvement, up to 18 visits over 6 to 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain workers in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted for review indicated the injured worker had 24 sessions of previous chiropractic treatment. It was documented the treatment decreased the injured worker's pain. However, there was a lack of documentation of objective functional improvement and an objective improvement in life. The request as submitted failed to indicate the quantity of sessions being requested. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Chiro therapy LS is not medically necessary.

Lidopro Topical Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Lidopro ; compounded preparation Page(s): 111 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical Salicylate. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl Salicylate. There was a lack of documentation indicating the efficacy for the request medication as it was indicated the injured worker had utilized the medication since at least 11/2013. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidopro topical ointment 4oz is not medically necessary.

Omeprazole 20mg Capsules #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; PPI; Omeprazole; Page(s): 68 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend that injured workers should be evaluated for risk factors for gastrointestinal events. The clinical documentation submitted for review indicated the physician was prescribing the medication as the injured worker had been on NSAIDs for a long time. There was a lack of documentation the injured worker had been evaluated for risk of gastrointestinal events. There was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20mg capsules #60 is not medically necessary.