

Case Number:	CM14-0078488		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2008
Decision Date:	08/25/2014	UR Denial Date:	05/14/2014
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 Oklahoma & 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 51-year-old female who reported an injury on 12/15/2008. The injury reportedly occurred when she was lifting a recipient who had fallen, she had injured her low back, right knee, right thumb. The injured worker's treatment history included injections, medications, and MRI. The injured worker was evaluated on 05/20/2014. It was documented that the injured worker had low back, right hip, and ankle pain. Included in the documentation the provider noted that had underwent an injection, however, she reported she had 60% relief in the right sacroiliac and right buttock pain, however, no improvement in the hip pain. Physical examination revealed tenderness along the lumbar paraspinal muscles, she had tenderness along both knees with full extension 100 degrees and flexion 120 degrees. She had crepitation with range of motion. She had tenderness along the wrist, positive Tinel's at the wrist and tenderness along the carpal tunnel. On the right ankle, she had positive anterior drawer test and instability with dorsiflexion and plantar flexion with weakness as well as limited range of motion with dorsiflexion 10 degrees and 30 degrees with plantar flexion. Medications included, Norco 10/325 mg, Colace 250 mg, Effexor, trazodone, Wellbutrin, Terocin patches, Protonix 20 mg, Tramadol ER 100 mg, Flexiril 7 mg, and Lidopro lotion. In the documentation submitted, the provider failed to indicate VAS scale measurements for injured worker after taking pain medications. Diagnoses included, discogenic lumbar with radicular component, derangement of the knee, derangement of right/left knee, carpal tunnel syndrome, stenosing tenosynovitis, and grade 3 tear of the anterior talofibular ligament of the ankle on the right. The Request For Authorization form or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Lidopro ointment 120MI (DOS 4/17/2014): 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 California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was lack of documented evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen noted for the injured worker. In addition, there was no documentation provided on frequency or location where the Lidopro ointment would be applied was not provided. Therefore, the retrospective request for Lidopro ointment 120MI (DOS 4/17/2014) is not medically necessary and appropriate.

Retrospective: Pantoprazole 20mg QTY: 60.00 (DOS 4/17/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate that the injured worker was having gastrointestinal events however, the provider failed to indicate the frequency of medication on the request that was submitted. Their lack of documentation of outcome measurements of conservative care such as, home exercise regimen. The provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the retrospective request for Pantoprazole 20mg qty: 60.00 (DOS 4/17/2014) is not medically necessary and appropriate.

Retrospective: Cyclobenzaprine 7.5mg QTY:60 (DOS 4/17/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. Therefore, the retrospective request for Cyclobenzaprine 7.5mg qty: 60 (DOS 4/17/2014) is not medically necessary and appropriate.

Retrospective: Terocin patches QTY:10.00 (DOS 4/17/2014): Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Terocin ointment contain Lidocaine 4% and Menthol 4%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there lack of outcome measures of conservative care such as physical therapy, pain management. In addition, there was no documentation provided on frequency or location where the Terocin Patch would be applied. As Terocin Patch contain lidocaine which is not recommended, the proposed compounded product is not recommended. Therefore, the retrospective request for Terocin patches qty:10.00 (DOS 4/17/2014) is not medically necessary and appropriate.