

Case Number:	CM14-0078868		
Date Assigned:	07/18/2014	Date of Injury:	09/06/2013
Decision Date:	09/24/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 46-year-old male who was reportedly injured on 09/06/2013. The mechanism of injury is listed as low back emerging while lifting boxes. The last progress report dated 05/12/2014 noted the injured worker reported low back pain rating 10/10 which was there most of the time and any kind of activities made the pain worse and noticed tingling sensation in both legs with no radicular complaints. Exam findings included motor testing 5/5 except bilateral dorsiflexion was 5-/5, reflexes 1+, sensation grossly intact, straight leg raising tightness in the back. A request was made for LidoPro 121gm cream; Relafen 500mg and was denied by utilization review on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121gm cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: Lidopro contains capsaicin / lidocaine / menthol / methyl salicylate. According to the CA MTUS guidelines, topical analgesics are considered to be largely

experimental in use with few randomized controlled trials to determine efficacy or safety. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered 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). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The same guidelines state; "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore, the request for Lidopro is not medically necessary and is not medically needed .

Relafen 500mg: 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 NSAID's Page(s): 67-73.

Decision rationale: According to the CA MTUS guidelines, Relafen (NSAID)s is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. There is no documentation of any significant improvement in pain or function with prior use. In the absence of any significant improvement of pain and function, the request is not medically necessary according to the guidelines.