

Case Number:	CM14-0090688		
Date Assigned:	07/23/2014	Date of Injury:	12/18/2008
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 patient was re-evaluated on 4/17/2014 (or 4/16/2014), he continues to complain of headaches, sleep difficulty improved with soma, anxiety and depression which he relates to his chronic pain and disability, neck and lower back pain. Physical examination documents slightly depressed affect, normal neck ROM no tenderness, normal gait and muscle tone of upper and lower extremities, 5/5 motor strength, diminished sensation in bilateral median nerve distribution, 2+ reflexes, normal coordination, negative Tinels, slightly positive Phalen's bilaterally, normal vestibular function testing. Epworth Sleepiness Scale score was 10/24. Treatment plan is refills of bupropion 100 mg #60, Buspirone 10 mg #60, Carisoprodol 350 mg #60, and ibuprofen 800 mg #60, and lidopro topical dispensed to treat his chronic spinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ibuprofen 800 mg #60 three times daily as needed (DOS 4/16/14 - 4/16/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

Decision rationale: The guidelines recommend non-prescription strength medications, Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. According to the progress reports the patient reports taking ibuprofen 800 mg. There is no clarification given regarding medication use, frequency of pain and no mention of non-pharmacological means to address pain. The guidelines state doses greater than 400mg have not provided greater pain relief. The medical records do not establish the medical necessity of Ibuprofen 800 mg. The request is not medically necessary.

Retro LidoPro Topical Ointment (4oz x 2) (DOS 4/16/14-4/16/14): 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): 111-113.

Decision rationale: LidoPro lotion contains capsaicin, lidocaine, menthol and methyl salicylate. According to the CA MTUS guidelines, 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 medical records do not establish neuropathic pain. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the guidelines state capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Review of the medical records document the patient continues oral medications, though does not document the case of the patient. The request is not medically necessary.