

Case Number:	CM14-0093852		
Date Assigned:	08/13/2014	Date of Injury:	01/19/2000
Decision Date:	09/11/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Interventional Spine 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 is a 61-year-old female with a date of injury of 01/19/2000. The listed diagnoses per [REDACTED] are HNP L4 to L5 with severe canal and neuroforaminal narrowing bilaterally, Multilevel diverticular disease of the lumbar spine, Lumbar radiculopathy, Multilevel HNPs of the cervical spine with stenosis, Cervical radiculopathy, Bilateral knee arthralgia, Early stage dementia, Status post total hip replacement, 03/26/2014. According to progress report 04/21/2014, the patient presents with severe low back pain which radiates down her bilateral lower extremity. She had left hip replacement surgery last month and is in a wheelchair. She states her pain is currently 8/10. She is currently taking Percocet 10/325 mg 1 tablet twice a day and Robaxin 750 mg 1 tablet twice a day and utilizing LidoPro cream. These medications helped alleviate the pain from 10/10 to a 4/10 on a pain scale. She states Robaxin is helpful with her painful muscle spasms. She does note opiate-induced constipation but reports no other side effects. The patient has significant difficulty moving status post left hip surgery. Examination revealed 2+ edema present in her feet bilaterally. Palpation revealed diffuse tenderness throughout her axial spine and significantly decreased range of motion on all planes. The provider states he is planning to reduce Percocet given her history of falls and early stage of dementia and memory difficulties. However, the patient recently underwent hip replacement and continues with severe pain, medication will not be tapered on this date. On 02/13/2014, treater noted that patient is unable to walk more than 20 feet even with a wheeled walker with the absence of her medications. Patient notes decrease in pain, ability to sleep better and normalized function with her current medication regimen. Urine drug screen from 11/26/2013 provided no inconsistent results. The provider states the patient is to undergo micro lumbar decompressive surgery with [REDACTED] and is currently awaiting authorization. He does not plan to taper

medication until post surgery. He is requesting a refill of LidoPro topical cream 4 ounce, Robaxin 750 mg #60, and Percocet 6/325 mg #60. Utilization review denied the requests on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams(, chronic pain section) Page(s): 111.

Decision rationale: This patient presents with severe low back pain which radiates down her bilateral lower hips. She also has severe hip pain and is unable to walk more than a few steps following her hip surgery from 03/26/2014. The provider is requesting a refill for LidoPro topical ointment cream, reporting that this medication allows the patient to decrease her oral medication intake. LidoPro compound cream contains capsaicin, lidocaine, and menthol and methyl salicylate. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the request is not medically necessary.

Robaxin 750 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with severe low back pain, which radiates down her bilateral lower hips. She also has severe hip pain and is unable to walk more than a few steps following her hip surgery from 03/26/2014. The provider is requesting a refill of Robaxin 750 mg #60. The MTUS Guidelines page 64 states "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, review of the medical file indicates the patient has been prescribed Robaxin since 10/22/2013. MTUS does not recommend long-term use of muscle relaxants and recommended using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Therefore, the request is not medically necessary.

Percocet 10/325 mg # 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: This patient presents with severe low back pain, which radiates down her bilateral lower hips. She also has severe hip pain and is unable to walk more than a few steps following her hip surgery from 03/26/2014. The provider is requesting a refill of Percocet 6/325 mg #60. Review of the medical file indicates the patient has been taking this medication since 10/22/2013 with efficacy. Patient is status post left hip surgery from 03/26/2014 with "severe pain." The patient's pain level is decreased from a 10/10 to 4/10 and she is able to do her home exercise program, sleep better, and function normally with this medication. The patient has constipation from the medication but reports no other side effects. UDS are consistent with the medications prescribed. In this case, the patient is status post 1 month hip surgery with severe 10/10 pain. Patient's pain is reduced to a 4/10 and she is able to function and sleep better with Percocet. The provider plans to taper this medication after patient's upcoming lumbar diskectomy. Given the efficacy of this medication, the request is medically necessary.