

Case Number:	CM14-0094731		
Date Assigned:	07/25/2014	Date of Injury:	08/05/2003
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 66-year-old female who reported an injury on 08/05/2003. The mechanism of injury was the injured worker was pushing a large computer tower and monitor across the floor and sustained lower back pain. The injured worker underwent an MRI of the lumbar spine and an EMG/NCV (Electromyography / Nerve Conduction Velocity) of the bilateral lower extremities. The documentation indicated the injured worker's medication history included naproxen sodium 550 mg, muscle relaxers, PPIs (Proton Pump Inhibitors), and Lidopro topical ointment as of 10/2013. The documentation of 05/05/2014 revealed the injured worker had tried epidurals but did not want more epidurals. The injured worker had intermittent mild aching pain at 2/10. The injured worker was noted to be utilizing Flexeril 7.5 mg 1 tablet per day which helps her relax at night and naproxen 550 mg 1 tablet daily which decreases pain and Prilosec 20 mg 1 tablet as needed for gastritis, as well as Lidopro cream during the day which the injured worker indicated allows her to take less oral medications. The injured worker denies side effects with the medications other than dyspepsia that was noted to be controlled by Prilosec. The physical examination revealed the injured worker had decreased range of motion in all planes. The diagnoses included mechanical low back pain, lumbar radiculopathy, and multilevel DDD (Degenerative Disc Disease) of the lumbar spine, as well as multilevel herniated nucleus pulposus of the lumbar spine. The treatment plan included Flexeril 7.5 mg every 24 hours as needed #60, Naproxen 550 mg twice a day as needed #60, Prilosec 20 mg every 24 hours as needed for gastritis #60, and Lidopro cream. The DWC form RFA was provided for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz #1: Upheld

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

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 (Serotonin-Norepinephrine Reuptake Inhibitor) anti-depressants or an AED (antiepileptic drug) 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 salicylates. Per drugs.com, Lidopro is a topical analgesic containing Capsaicin / Lidocaine / Menthol / Methyl Salicylate. The clinical documentation indicated the injured worker had utilized the medication since at least 10/2013. The clinical documentation submitted for review indicated the utilization of the medication allowed the injured worker to use less oral medication. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to provide documentation regarding the frequency for the requested medication. Given the above, the request for Lidopro topical ointment 4 oz. #1 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend PPIs (Proton Pump Inhibitors) for the treatment of dyspepsia secondary to Non-Steroid Anti-Inflammatory Drugs (NSAIDs) therapy. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 10/2013. The documentation indicated the medication

treated the injured worker's dyspepsia secondary to NSAID therapy. The dyspepsia was noted to be controlled. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.

Ophenadrine citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 5 months. There was a lack of documented efficacy including objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 antispasmodics as Orphenadrine Citrate and Flexeril 7.5 mg are both muscle relaxants, antispasmodics. Given the above, the request for Orphenadrine Citrate 100 mg ER #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42; 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 5 months. There was a lack of documented efficacy including objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 antispasmodics as Orphenadrine citrate and Flexeril 7.5 mg are both muscle relaxants, antispasmodics. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary.