

Case Number:	CM14-0098714		
Date Assigned:	07/28/2014	Date of Injury:	05/14/2012
Decision Date:	09/23/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Nevada. 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 records, presented for review, indicate that this 34- year-old female was reportedly injured on May 14, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated July 14, 2014, indicated that there were ongoing complaints of cervical spine pain. It was noted that a cervical fusion was completed at C4 to C5 and C5 to C6 in March 2014. The pain was noted to be 8/10 after the surgery. The physical examination demonstrated some improvement in terms of range of motion; however, there continued to be numbness and tingling into the left upper extremity, and left lower extremity sensory changes reported as well. Diagnostic imaging studies noted degenerative disc disease in the cervical spine as well as a lumbar spine. A lumbar disc herniation was reported. Previous treatment included lumbar fusion surgery, cervical fusion surgery, physical therapy, multiple medications, and other pain management interventions. A request was made for Gabapentin, cervical collar, Lidopro cream and Lidopro lotion and Zanaflex and was not certified in the preauthorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Gabapentin 600 mg between 04/18/2014 and 07/06/2014: 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 Page(s): 16-20, 49 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication has been shown to be beneficial for diabetic neuropathy or postherpetic neuralgia. An off label use for neuropathic lesions was also noted. However, two separate surgeries address neuropathic lesions. Furthermore, the physical examination and the symptomatology associated with the neuropathic lesions were resolving. As such, there is no clear clinical indication presented to support the medical necessity of this medication therefore this request is not medically necessary.

1 cervical collar between 04/18/2014 and 07/06/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter, updated August,2014.

Decision rationale: When noting that there was a cervical fusion procedure at two levels, and taking note of the Official Disability Guidelines (ODG) parameters there is a recommendation for a cervical collar postoperative. As such, for the time of April 18 through July 6, 2014, a cervical collar is medically necessary.

1 prescription Lidopro cream 4 oz between 04/18/2014 and 07/06/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, Lidocaine, Menthol, and Methyl salicylate. Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental, and that any compound product, that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical Lidocaine or Menthol for treatment of chronic neck or back. It was also reported in the progress notes that the injured employee discontinued medication, as there is no noted efficacy. As such, this request is not medically necessary.

1 prescription Lidopro topical ointment 4 oz between 04/18/2014 and 07/06/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112 of 127.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, Lidocaine, Menthol and Methyl salicylate. Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical Lidocaine or Menthol for treatment of chronic neck or back pains. Furthermore, the progress notes indicate that the injured employee has discontinued his medication, as there is no noted efficacy. As such, this request is not medically necessary.

60 Zanaflex 4 mg between 04/18/2014 and 07/06/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66 of 127.

Decision rationale: As noted in the progress note, the injured employee has discontinued taking this medication secondary to increased sedation. As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is approved for management of spasticity and is unlabeled for use in back pain. Therefore, when noting the increased sedation outlined by the injured employee and noting that the injured employee has discontinued this medication and the parameters outlined in the MTUS, this is not medically necessary.