

Case Number:	CM15-0101759		
Date Assigned:	06/04/2015	Date of Injury:	06/11/2012
Decision Date:	07/13/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 34 year old female, who sustained an industrial injury on August 11, 2012. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus (HNP) with radiculopathy. Treatment to date has included physical therapy, chiropractic, acupuncture, aqua therapy, shoulder surgery and medication. A progress note dated January 6, 2015 provides the injured worker complains of neck pain radiating to the right shoulder and down the arm with numbness and back pain. She rates the pain 6/10. Physical exam notes decreased cervical, thoracic and lumbar range of motion (ROM), abnormal gait, decreased sensation in right UE, 4/5 strength, decreased reflexes in UE and LE, and negative all special tests. Magnetic resonance imaging (MRI) and x-rays were reviewed. Patient has received an unspecified number of PT and massage therapy visits for this injury. The medication list include Mobic, Effexor, Advil and Prilosec. The patient had received trigger point injection for this injury. The patient's surgical history include right shoulder surgery. The patient has had MRI of the cervical spine on 10/23/14 that revealed disc bulge with foraminal narrowing, MRI of the lumbar spine on 9/13/13 that revealed disc bulge with foraminal narrowing, A recent detailed psychological evaluation note was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: LidoPro Topical Ointment Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Lidocaine Indication: Neuropathic pain Recommended 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). Non-neuropathic pain: Not recommended. Topical salicylate like methyl salicylate is recommended. However there is no high grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high-grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records provided that the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, chronic pain treatment guidelines. The medical necessity of the request for LidoPro Topical Ointment is not medically necessary in this patient.

Venlafaxine ER 37.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 13 Antidepressants for chronic pain page 14.

Decision rationale: Venlafaxine ER 37.5mg #60 Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. Effexor XR contains venlafaxine hydrochloride. Venlafaxine (brand name: Effexor or Efexor) is an antidepressant. According to the cited guidelines indications for Effexor include neuropathic pain. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus (HNP) with radiculopathy. A progress note dated January 6, 2015 provides the injured worker complains of neck pain radiating to the right shoulder and down the arm with numbness and back pain. Physical exam notes decreased cervical, thoracic and lumbar range of motion (ROM), abnormal gait, decreased sensation in

right UE, 4/5 strength, decreased reflexes in UE and LE, and negative all special tests. The patient has had MRI of the cervical spine on 10/23/14 that revealed disc bulge with foraminal narrowing, MRI of the lumbar spine on 9/13/13 that revealed disc bulge with foraminal narrowing. The patient has objective evidence of nerve related pain. The request for Venlafaxine ER 37.5mg #60 is medically necessary and appropriate for this patient.