

Case Number:	CM15-0101874		
Date Assigned:	06/04/2015	Date of Injury:	02/26/2004
Decision Date:	07/07/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male who sustained an industrial injury on February 26, 2004. He has reported low back pain and right ankle pain and has been diagnosed with lumbar strain with lumbar radiculopathy to the right with abnormal MRI showing 7.5 mm central protrusion at L5-S1, status post L5-S1 fusion and chronic right ankle strain. Treatment has included surgery, physical therapy, medications, injections, TENS unit, and a home exercise program. Objective findings note the injured worker was wearing a brace, which was removed. There was a healed lumbar spine surgical scar noted. There was a slight paralumbar muscle spasm, mostly on the right side. Straight leg raise was positive on the right at 70 degrees in sitting position, causing right posterior leg pain and was positive on the left at 75 degrees causing hip and buttock pain. The right ankle inspection was negative for any swelling. Palpation showed slight tenderness of the anterior, lateral and medial aspect of the ankle. Range of motion was full but with complaint of slight pain. The treatment request included labs and a prescription of EnoRx.

IMR ISSUES, DECISIONS AND RATIONALES

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

Labs to include LFT and RFT (liver function tests): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section NSAIDs, Specific Drug List & Adverse Effects Section Page(s): 104.

Decision rationale: Per MTUS guidelines, NSAIDs are recommended with cautions below. Disease-State Warnings for all NSAIDs: All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Other disease-related concerns (non-boxed warnings): Hepatic: Use with caution in patients with moderate hepatic impairment and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDs. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. While the guidelines recommend periodic monitoring of CBC, Chemistry Panel (including LFT & RFT) while using NSAIDs, they do not make recommendations concerning periodicity of monitoring, In this case, these labs were authorized on 3/22/15 and the LFT and RFT were found to be within normal ranges. It is unclear why the primary physician is requesting these labs again so soon after the last request, especially since they were found to be within the normal range. The available documentation does not provide a rationale for the test by the requesting physician; therefore, the request for labs to include LFT and RFT (liver function tests) is determined to not be medically necessary.

EnovaRX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

Decision rationale: EnovaRX is a customizable topical analgesic that may contain NSAIDs, lidocaine and cyclobenzaprine. The requesting physician does not clarify the compounded topical analgesic in the progress note or request for authorization. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used

off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The request for EnovaRX is determined to not be medically necessary.