

<b>Case Number:</b>	CM15-0104836		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on 01/24/2014. He reported injury to the left knee and lower back. Treatment to date has included MRI of the lumbar spine and left knee, medications, cortisone injections, physical therapy, knee surgery and electrodiagnostic studies of the lower extremities. According to a progress report dated 04/16/2015, the injured worker complained of left knee pain. Pain was rated 8 on a scale of 0-10. Pain radiated to the left leg. Medications were helping and were well tolerated. He showed no evidence of developing medication dependency. Level of sleep had decreased due to difficulty in staying asleep. Quality of sleep was poor. Pain level had increased since the last visit. The injured worker was having knee surgery the following day. Current medications included Fenopfen, Norco, Omeprazole, Terocin patch, Lunesta, Lidopro, Meloxicam and Senna Laxative. Review of symptoms was positive for stiffness, numbness, tingling, left lower extremity weakness, constipation, heartburn and cramps. Diagnoses included pain in joint of lower leg, arthropathy not otherwise specified of lower leg and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Prescriptions included Norco, Terocin patch, Lunesta Lidopro ointment, Meloxicam and Senna Laxative. The injured worker was told to consult with his other provider before taking any medications before the surgery or post-surgery, including patches or ointments. The injured worker stated that the other provider ask him to take daily aspirin for deep vein thrombosis prophylaxis but recommended no other changes. He was temporarily totally disabled until the next appointment. Currently under review is the request for Meloxicam, Senna Laxative and Lidopro ointment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Meloxicam 7.5 mg #30:** 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 Meloxicam (Mobic).

**Decision rationale:** According to MTUS guidelines, Mobic (Meloxicam) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. There is no documentation that the patient is suffering of osteoarthritis pain. Furthermore and according to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Mobic is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. Although the patient developed a chronic back pain that may require Mobic, there is no documentation that the provider recommended the lowest dose for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Meloxicam or another NSAID. Therefore, the prescription of Meloxicam 7.5mg #30 is not medically necessary.

**Senna laxative 8.6 mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

**Decision rationale:** According to ODG guidelines, Senna is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient's file that first line measurements were used. Therefore the use of Senna 8.6mg #100 is not medically necessary.

**Lidopro ointment 4.5%-27.5%-0.0325%-10 % #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient developed neuropathic pain. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. Based on the above, LidoPro Topical Ointment 4.5%-27.5%-0.0325%-10 % #1 is not medically necessary.