

Case Number:	CM15-0105268		
Date Assigned:	06/09/2015	Date of Injury:	05/14/2013
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: Emergency 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 66 year old male with an industrial injury dated 5/14/13 with complaints of lower back pain with radiating pain down the lower extremities with numbness, tingling, and weakness. In a treating physician progress note dated 4/29/15, the subjective complaints reported are anxiety, increased perception of pain, sleep disturbances, struggling with activities of daily living, and worry about persistent pain. Objective exam on the same date notes that he appears anxious, depressed, fatigued, tense, and that the Beck Anxiety Inventory is severe, and the Beck Depression Inventory is severe. Diagnoses are thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendonitis/bursitis elbow sprain/strain, knee tendonitis/bursitis, wrist tendonitis,/bursitis, and ankle tendonitis/bursitis. In a progress note dated 3/4/15, the treating physician reports that he presents with an antalgic gait, uses a cane to aid in ambulation, has difficulty with prolonged sitting, standing, walking, squatting, kneeling, and stooping. Objective exam notes spasm, tenderness, and guarding in the paravertebral muscles of the lumbar spine with decreased range of motion. There is a positive MRI study of the lumbar spine done 8/6/13. Prior treatment has included cognitive behavioral therapy and relaxation training, Omeprazole, Voltaren, Norflex, Ultram Extended Release, Tylenol, topical creams, Lidocaine patches, Elavil, and physical therapy was requested. Work status is reported that the injured worker has reached Maximal Medical Improvement and is Permanent and Stationary. The treatment requested is 1 prescription for LidoPro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121 grams #1 with 5 refills, 1 prescription for Norflex 100mg #60 with 5 refills, 1 prescription for Ultram ER 150mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121gm #1 with 5 refills:
Upheld

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

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

Decision rationale: The requested LidoPro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121gm #1 with 5 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has anxiety, increased perception of pain, sleep disturbances, struggling with activities of daily living, and worry about persistent pain. Objective exam on the same date notes that he appears anxious, depressed, fatigued, tense, and that the Beck Anxiety Inventory is severe, and the Beck Depression Inventory is severe. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, LidoPro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) 121gm #1 with 5 refills is not medically necessary.

Norflex 100mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested Norflex 100mg #60 with 5 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has anxiety, increased perception of pain, sleep disturbances, struggling with activities of daily living, and worry about persistent pain. Objective exam on the same date notes that he appears anxious, depressed, fatigued, tense, and that the Beck Anxiety Inventory is severe, and the Beck Depression Inventory is severe. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective

evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Norflex 100mg #60 with 5 refills is not medically necessary.

Ultram ER 150mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82.

Decision rationale: The requested Ultram ER 150mg #60 with 5 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has anxiety, increased perception of pain, sleep disturbances, struggling with activities of daily living, and worry about persistent pain. Objective exam on the same date notes that he appears anxious, depressed, The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultram ER 150mg #60 with 5 refills is not medically necessary.