

Case Number:	CM15-0109013		
Date Assigned:	06/15/2015	Date of Injury:	04/05/2013
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 76 year old female, who sustained an industrial injury on 04/05/2013. She has reported injury to the chest and upper back. The diagnoses have included thoracic sprain/strain; contusion of chest wall; joint pain, shoulder; and myofascial pain. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Naprosyn, Tylenol, Mentherm gel, and LidoPro topical ointment. A progress note from the treating physician, dated 06/10/2014, documented a follow-up visit with the injured worker. The injured worker reported upper back pain; pain is rated at 6/10 on the visual analog scale; and pain is helped with Mentherm gel and LidoPro ointment. Objective findings included affect, mood appropriate; and tenderness to palpation of the thoracic spine. The treatment plan has included the request for functional restoration program for 6 weeks; and retrospective request for Lidopro cream 121gm #1, dispensed on 05/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (Functional Restoration Programs). Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs/Functional Restoration Programs Page(s): 30-32.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of functional restoration programs as a treatment modality. These guidelines provide the following criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain). However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. In this case, the patient has not completed a full course of physical therapy. Without objective documentation of the outcomes of this treatment intervention, a functional restoration program cannot be justified. Further, the duration of the request for a functional restoration program exceeds the above cited MTUS recommendations. Specifically, that treatment is not recommended for longer than 2 weeks without evidence of demonstrated efficacy. For these reasons, a functional restoration program for 6 weeks is not considered as medically necessary.

Retrospective request for Lidopro cream 121gm #1 dispensed on 5/20/15: 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) and Food and Drug Administration (FDA).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics including Lidopro. Lidopro is a combination medication including the following ingredients: lidocaine, capsaicin, menthol and methyl salicylate. Topical analgesics are considered as 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. Regarding the use of topical lidocaine, the MTUS guidelines state the following: Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Regarding the use of topical capsaicin, the MTUS guidelines state the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post- mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, it is unclear whether the patient has received an adequate trial of first line agents for the treatment of neuropathic pain. As noted in the above cited guidelines, first line agents include a tricyclic, a SNRI antidepressant, or an anti-epilepsy drug. Without adequate documentation of efforts to use first line agent, the use of a topical analgesic, such as Lidopro, is not recommended. In summary, Lidopro cream is not considered as medically necessary.