MAXIMUS Federal Services

Case Number:	CM15-0019884		
Date Assigned:	02/09/2015	Date of Injury:	10/07/2013
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male who reported an injury on 10/07/2013. The mechanism of injury was lifting. His diagnoses were noted as lumbar spine disc bulge and thoracic spine sprain/strain. His past treatments were noted to include medication, injections, and activity modification. During the assessment on 12/04/2014, the injured worker was seen as a followup to the transforaminal epidural blocks performed on 10/13/2014. The injured worker noted that his pain level decreased significantly with the procedure; however, symptoms were beginning to reoccur. He reported continued lower extremity weakness; however, his current medications had successfully been reduced. The physical examination revealed decreased ankle jerks bilaterally. There was slight dullness to nailbed pressure at the first 2 digits on the right as well as the lateral right calf. There was an equivocal straight leg raise on the right and negative on the left. The injured worker was able to heel stand bilaterally, but not toe stand. His medications were noted to include hydrocodone 10 mg, tramadol 50 mg, meloxicam 15 mg, and omeprazole 20 mg. The treatment plan was to continue with current medication regimen. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclo/Lido cream DOS:12/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The request for Cyclo/Lido cream DOS:12/4/2014 is not medically necessary. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The requested topical analgesic was noted to include cyclobenzaprine and lidocaine. In regard to cyclobenzaprine, topical muscle relaxants, such as cyclobenzaprine, is not recommended by the guidelines, as there is no evidence to support the use. In regard to lidocaine, the guidelines state the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was a lack of complaints regarding neuropathic pain and a lack of adequate documentation regarding failure of antidepressants and anticonvulsants. Additionally, the dose, duration, frequency, and application site for the proposed medication was also not provided. Given the above, the request is not medically necessary.