

Case Number:	CM15-0136437		
Date Assigned:	07/24/2015	Date of Injury:	02/28/2008
Decision Date:	10/28/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: North Carolina
 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 49-year-old female with an industrial injury dated 02-28-2008. Medical record review indicates she is being treated for rotator cuff sprains and strains, cervical disc degeneration, cervical disc displacement without myelopathy and brachial neuritis or radiculitis. The injured worker presents on 04-09-2015 with complaints of abdominal pain rated as 6 out of 10. She described the pain as "aching, shooting and throbbing." The treating physician documents the injured worker stated medications were helping. "Medication side effects include acid reflux." "With the current medication regimen, her pain symptoms are adequately managed." Quality of sleep is documented as poor. Work status is documented as temporarily totally disabled until the next appointment. In the progress notes dated 04-24-2014, the pain level is documented as 6 out of 10. Her medications included Cyclobenzaprine (since at least 12-10-2013) Tramadol, Omeprazole, Terocin Patch and Lidopro ointment. Physical exam findings are documented as restriction range of motion of right hip. Range of motion is documented as "painful" with flexion, extension, internal and external rotation. There was increased pain with lumbar flexion and extension. The treating physician documented motor testing was limited by pain. Sensory exam is documented as light touch sensation was normal all over the body. In the review of systems gastrointestinal is documented as negative for constipation, negative for change in bowel habits, negative for diarrhea, and positive for heartburn. Work status is temporarily totally disabled. In the 04-24-2015 note, the treating physician documents the injured worker shows no evidence of developing medication dependency. "Pattern of medication use is as previously prescribed." Prior treatment included functional restoration program, physical

therapy, acupuncture and medications. The plan of treatment is for MRI of right hip, continue with medications, use ice, heat and exercise as tolerated. "Patient has been authorized to see a gastroenterologist but needs to be referred." The treatment request is for Lidopro 4.58% ointment #1 and Cyclobenzaprine 7.5 mg #60. On 06-23-2015 the request for Lidopro 4.58% ointment #1 and Cyclobenzaprine 7.5 mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4.58% ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines states that topical analgesics are recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use

of some medications in this class may lead to dependence. This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.