

<b>Case Number:</b>	CM15-0148283		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old male, who sustained an industrial injury on 11-29-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar multilevel degenerative disc disease with foraminal stenosis, thoracic sprain, myofascial pain, depression and bilateral lumbar radiculitis. There is no record of a recent diagnostic study. Treatment to date has included home exercise program, TENS (transcutaneous electrical nerve stimulation), therapy and medication management. In a progress note dated 7-11-2015, the injured worker complains of low back pain that radiates to the buttocks and bilateral lower extremities. Physical examination showed lumbosacral and left sacroiliac tenderness. The treating physician is requesting Lidopro cream 121 grams, Naproxen 550 mg #60 and Docusate 100 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The patient presents with low back pain that radiates to the buttocks and bilateral lower extremities with intermittent numbness and tingling, right more than left. The current request is for Lidopro cream 121 gm, which is a compound topical analgesic with active ingredients of Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10% and Capsaicin .0375%. The treating physician states on 7/11/15 (311B) "Lidopro ointment is very helpful for neuropathic pain in LE." The MTUS guidelines do recommend topical analgesics. MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The patient has been using topical analgesics since at least 3/7/15 (245B) which is beyond guideline recommendations. Furthermore, MTUS guidelines allow only a patch formulation for lidocaine and it is not allowed in lotion, gel or cream formulation. The current request is not medically necessary.

**Naproxen 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

**Decision rationale:** The patient presents with low back pain that radiates to the buttocks and bilateral lower extremities with intermittent numbness and tingling, right more than left. The current request is for Naproxen 550mg #60. The treating physician requests on 7/11/15 (311B) "Naproxen 550mg 1 po bid." MTUS does recommend NSAIDs, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the clinical records reviewed indicate the patient has been medicating with Naproxen since at least 3/7/15 (245B) and there is decreased pain with usage. The current request is medically necessary.

**Docusate 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

**Decision rationale:** The patient presents with low back pain that radiates to the buttocks and bilateral lower extremities with intermittent numbness and tingling, right more than left. The current request is for docusate 100mg #30. The treating physician states on 7/11/15 (311B) "Sometimes, he has constipation. Previously, docusate sodium was very helpful." MTUS guidelines pages 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, the patient is not medicating with opiates. The current request is not medically necessary.

