

<b>Case Number:</b>	CM15-0183935		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/13/2014
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male, who sustained an industrial injury on 11-13-2014. The injured worker was being treated for low back pain, bilateral leg pain, lumbosacral radiculopathy, and facet arthropathy. On 8-26-2015, the injured worker reported ongoing back pain, rated 4-9 out of 10 depending on the type of activities he does. Current medications include Tramadol, Terocin patches, and Skelaxin, which the injured worker reported were not working for him. He reported that during the day Tramadol and the patches were helping, but he was having difficulty sleeping. He reported he wanted to change some of his medications. The physical exam (8-26-2015) revealed a continued antalgic gait, normal strength in the lower extremity, 2+ reflexes, and low back and bilateral leg tightness with sitting straight leg raise testing. There were lumbosacral paraspinal muscle spasms and tenderness over the lower lumbosacral facet joints. The range of motion of the back was not tested. On 1-31-2015, an MRI revealed at L3-L4 (lumbar 3-lumbar 4) there was a mild broad-based disc bulge and possibly minimal osteophytic hypertrophy, but no significant spinal canal stenosis. There were mild hypertrophic facet changes contributing to effacement of the lateral recesses and to moderate neuroforaminal narrowing bilaterally. At L5-S1 (lumbar 5-sacral 1), there was a mild broad-based disc bulge resulting in effacement of the lateral recesses and mild to moderate neuroforaminal narrowing bilaterally. Per the treating physician (2-23-2015 report), X-rays revealed mild degenerative joint disease, but the date and report were not included in the provided medical records. Per the treating physician (6-12-2015 report), the injured worker reported he was much more comfortable following a lumbar epidural steroid injection 2 weeks

prior. Treatment has included chiropractic therapy, acupuncture, aquatic therapy, a home exercise program, work restrictions, and medications including oral pain, topical pain, and muscle relaxant. Per the treating physician (8-26-2015 report), the injured worker is released to modified work, but he is not currently working. The requested treatments included Tylenol 300-30mg, 1 tab every 12 hours for pain, #30, with 2 refills; Celecoxib 200mg, 1 tab daily, #30, with 2 refills; and Lidopro cream, apply 2-3 times per day, #1 4 oz. bottle, with 2 refills. On 9-10-2015, the original utilization review non-certified requests for Celecoxib 200mg, 1 tab daily, #30, with 2 refills and Lidopro cream, apply 2-3 times per day, #1 4 oz. bottle, with 2 refills; and partially approved a request for Tylenol 300-30mg, 1 tab every 12 hours for pain, #30, with 0 refills (original request for #30 with 2 refills) to allow for weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol 300/30mg, 1 tab every 12 hours for pain, #30, with 2 refills prescribed 8/26/15:**  
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): Opioids, criteria for use.

**Decision rationale:** Tylenol 300/30mg, 1 tab every 12 hours for pain, #30, with 2 refills prescribed 8/26/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The request for Tylenol 300/30mg with 2 refills is not appropriate as without evidence of efficacy the MTUS does not support ongoing opioid use. It is not medically appropriate to certify 2 refills of this medication without evidence of efficacy such as increase in function or improvement in pain. The request is therefore not medically necessary.

**Celecoxib 200mg, 1 tab daily, #30, with 2 refills, prescribed 8/26/15:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Celecoxib 200mg, 1 tab daily, #30, with 2 refills, prescribed 8/26/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Celecoxib is the only available COX-2 in the [REDACTED]. The guidelines state that

NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Celecoxib is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function and the request asks for 2 refills without evidence that Celecoxib is effective for this patient. Additionally, it is not clear that the patient has failed first line NSAIDs. The request for Celecoxib is not medically necessary.

**Lidopro cream, apply 2-3 times per day, #1 4 oz bottle, with 2 refills, prescribed 8/26/15:**  
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): Lidoderm (lidocaine patch), Topical Analgesics.

**Decision rationale:** Lidopro cream, apply 2-3 times per day, #1 4 oz bottle, with 2 refills, prescribed 8/26/15 is not medically necessary per MTUS guidelines. Lidopro is a combination of Capsaicin 0.0325%; Lidocaine 4.5%; Menthol 10%; Methyl Salicylate 27.5%. The MTUS guidelines state that 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. Furthermore, topical lidocaine that is not in a patch form (whether creams, lotions or gels) is not indicated for neuropathic pain. The MTUS does support Ben Gay which contains menthol and methyl salicylate. Per the MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support Capsaicin or Lidocaine in this case. For these reasons, LidoPro cream is not medically necessary.