

Case Number:	CM15-0195441		
Date Assigned:	10/09/2015	Date of Injury:	01/12/2015
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 21 year old male, who sustained an industrial injury on 1-12-2015. Medical records indicate the worker is undergoing treatment for low back pain, knee pain and chondromalacia. A recent progress report dated 9-18-2015, reported the injured worker complained of left knee and back pain with numbness and tingling in the left lower extremity. Physical examination revealed "decreased lumbar range of motion" with lumbar tenderness to palpation. Lumbar magnetic resonance imaging showed lumbosacral disc protrusion and mild bilateral neural foraminal narrowing. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), left knee steroid injection, home exercise program, physical therapy, Naproxen 550mg abdominal Lidopro ointment. On 9-18-2015, the Request for Authorization requested Lidopro cream 121 gm and Naproxen 550mg #60. On 9-30-2015, the Utilization Review noncertified the request for Lidopro cream 121 gm and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro cream #121 grams is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are back pain lower; knee pain; chondromalacia; bone contusion; insomnia NOS; and depression not specified. Date of injury is January 12, 2015. Request for authorization is September 18, 2015. According to a February 27, 2015 progress note, medications included Lidopro Cream, Relafen and Tylenol #3. According to a progress note dated March 6, 2015, Relafen was changed to Naprosyn 500 mg. Pain score was 7/10. There was no clinical rationale for the change from relevant to Naprosyn. According to a September 18, 2015 progress notes, the injured worker complains of ongoing left knee pain and back pain with radiation to the left lower extremity with numbness and tingling. Lidopro is helpful for the neuropathic pain. There is no documentation of first line antidepressants or anticonvulsants in the medical record. Naprosyn is mildly helpful. Objectively, there is tenderness to palpation in the lumbar spine. There is no documentation demonstrating objective functional improvement. There are no strengths in the medical record regarding the contents of Lidopro cream. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Capsaicin 0.0325% is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaicin and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro cream is not recommended. Based on clinical information and medical record and the peer-reviewed evidence-based guidelines, Lidopro cream #121 grams is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are back pain lower; knee pain; chondromalacia; bone contusion; insomnia NOS; and depression not specified. Date of injury is January 12, 2015. Request for authorization is September 18, 2015. According to a February 27, 2015 progress note, medications included Lidopro Cream, Relafen and Tylenol #3. According to a progress note dated March 6, 2015, Relafen was changed to Naprosyn 500 mg. Pain score was 7/10. There was no clinical rationale for the change from relevant to Naprosyn. According to a September 18, 2015 progress notes, the injured worker complains of ongoing left knee pain and back pain with radiation to the left lower extremity with numbness and tingling. Lidopro is helpful for the neuropathic pain. There is no documentation of first line antidepressants or anticonvulsants in the medical record. Naprosyn is mildly helpful. Objectively, there is tenderness to palpation in the lumbar spine. The treating provider prescribed non-steroidal anti-inflammatory drugs as far back as February 2015. There is no documentation of attempted weaning over the seven-month period. There is no documentation demonstrating objective functional improvement to support ongoing Naprosyn. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement or attempted weaning, therefore Naproxen 550 mg #60 is not medically necessary.