MAXIMUS Federal Services

Case Number:	CM15-0027427		
Date Assigned:	02/19/2015	Date of Injury:	03/23/2012
Decision Date:	05/19/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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, Arizona
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 54-year-old male who reported injury on 03/24/2012. The mechanism of injury was the injured worker was attacked by a coworker. The injured worker received chiropractic manipulation, physiotherapy, x-rays, MRIs, and medications. The documentation of 11/07/2014 revealed the injured worker had constant low back pain that changed in intensity based on activities. The injured worker had right knee surgery for an automobile accident that was noncontributory to the injury. The physical examination revealed tenderness over the bilateral lumbar paraspinals, and muscle spasms over the lower paraspinal muscles. There was tenderness in the perifacet region at L4, L5, and S1. The diagnosis included lumbar disc condition at L4-5 with mild facet arthropathy at L5-S1 for MRI, and myofascial pain. The treatment plan included the injured worker had benefited from anti-inflammatory and muscle relaxants recently. The injured worker should continue the medications. Additionally, the injured worker should utilize a home exercise program and have the adjunctive use of a TENS unit and other modalities to decrease pain and improve function.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/search.php?searchterm=LidoPro.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide a documented rationale for the use of the medication. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of a failure of first line therapy. There was a lack of documentation indicating the injured worker's pain had not responded or he was intolerant to other treatments. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Lidopro cream 121 gm is not medically necessary.

Lunesta 2 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta.

Decision rationale: The Official Disability Guidelines indicate that Lunesta is recommended for short-term treatment of insomnia. The clinical documentation submitted for review failed to provide documentation the injured worker had complaints of insomnia or signs and symptoms of insomnia. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta 2 mg #30 is not medically necessary.

Cyclobenzaprine 7.5 mg#60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had muscle spasms upon physical examination and had found the medication to be beneficial. However, there was a lack of documentation of objective functional improvement and documentation of exceptional factors as the documentation indicated the injured worker previously utilized the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

TENS patch X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the injured worker had a TENS unit and was to utilize it. However, there was a lack of documentation of objective functional benefit and an objective pain relief. As such, the request for TENS patches would not be supported. Given the above, the request for TENS patch x4 is not medically necessary.

Diclofenac 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the

requested medication. Given the above, the request for diclofenac 100 mg #60 is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating the injured worker was at intermediate risk or higher for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the request for the NSAID was found to be not medically necessary, and as such, this request would not be supported. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.