

Case Number:	CM15-0028443		
Date Assigned:	02/20/2015	Date of Injury:	01/11/2008
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on January 11, 2008. He has reported low back pain that occurred while lowering a heavy pipe. The diagnoses have included lumbar discogenic syndrome, lumbosacral/thoracic neuritis /radiculitis, spondylolisthesis, myofascial pain and insomnia. Treatment to date has included pain medication both oral and topical, physical therapy, a home exercise program, TENS therapy, chiropractic therapy, acupuncture therapy and routine monitoring. Currently, the IW complains of lower back pain with radiation to the left lower extremity bilaterally with cramping and tingling in the left extremity. Pain was reported to increase with cold weather. Topical ointments were reported to be very helpful. On January 27, 2015, the Utilization Review decision non-certified a request for Lidopro cream 121 gm and Tramadol 50mg, count 90, noting the use of the topical cream was not recommended by t the FDA and also has a high occurrence of contact dermatitis. The Tramadol was non-covered stating the documentation did not contain evidence of screening for aberrant behavior or medication compliance or that a urine drug screen was performed, therefore the coverage criteria was not met. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On February 16, 2015, the injured worker submitted an application for IMR for review of Lidopro cream 121gm and Tramadol 50mg, count 90.

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 Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating low back pain. LidoPro cream is a combination of capsaicin, lidocaine, menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. In this case, by prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating low back pain. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was medically necessary.