

Case Number:	CM15-0213922		
Date Assigned:	11/03/2015	Date of Injury:	12/12/2002
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 64 year old male who sustained an industrial injury on 12-12-2002. Medical records indicated the worker was treated for low back pain, lumbosacral or thoracic neuritis, and status postsurgical. The notes of 05-02-2015 note the worker was having an exacerbation of an existing injury. He complained of persistent low back pain that was exacerbated by sitting longer than 10-15 minutes. He had history of two back surgeries (dates not given), and was using Vicodin 2-3 times per week. He also used Flexeril (dose and frequency not given). He reported difficulty walking more than 15 minutes maximum. At that exam, he had approximately 75% of normal lumbar range of motion with forward flexion. Other planes were approximately 85% normal. He had guarding and pain complaints at end range of motion. Sensation was intact to both light touch and pinprick in the bilateral lower extremities. Reflexes were 2+ and symmetric. Babinski's was absent. Straight leg raise was negative. Provider notes from 06-16-2015 state there is decreased pain and "good results" with Lidopro (started 05-22-2015). There is no pain rating for pain before and after use of Lidopro or TENS. In the provider notes of 10-02-2015, the injured worker has no changes in his symptoms, is taking no oral medications, and there is no pain rating given. His notes say he is using a Tens unit that is "effective," and Lidopro which is also "effective". On exam, he is noted to have a normal gait, normal reflexes, and decreased range of movement in the lumbar. No numeric qualifications are given for pain levels. The worker is retired. A request for authorization was submitted 10-02-2015 for: 1. Lidopro 121 gram 2. TENS patch x 2 A utilization review decision 10-16-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gram: 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): Topical Analgesics.

Decision rationale: Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. LidoPro contains capsaicin, lidocaine, menthol, methyl salicylate. Per MTUS p 112 with regard to capsaicin, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., [REDACTED] methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." However, the other ingredients in LidoPro are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain 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). Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). "The documentation submitted for review does not contain evidence of trial of first-line therapy to support the use of topical lidocaine. LidoPro topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

TENS patch x 2: 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): Transcutaneous electrotherapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The documentation submitted for review does not contain evidence of successful TENS trial, or information regarding outcomes in terms of pain relief and function with current use. As TENS unit use is not supported, the request is not medically necessary.