

Case Number:	CM15-0215349		
Date Assigned:	11/05/2015	Date of Injury:	03/10/2006
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 03-10-2006. A review of the medical records indicates that the worker is undergoing treatment for post-operative chronic pain, lumbar degenerative disc disease, myofascial pain and low back pain. Treatment has included Tylenol#3, Norco (since at least 04-08-2015), Lidopro cream (since at least 04-08-2015), Gabapentin, bracing, transcutaneous electrical nerve stimulator, exercise and physical therapy. Subjective complaints (06-22-2015) included 8 out of 10 pain but did not specify the area of pain. Objective findings noted tenderness to palpation but did not specify which region of the body was tender to palpation. Subjective complaints (08-02-2015) included low back pain rated as 7-8 out of 10 with activities and 2 out of 10 without activities. Objective findings showed an antalgic gait, tightness of the right low back with straight leg raising test in sitting position, lumbosacral paraspinal muscle spasm with tenderness over the right lower lumbosacral facet joints, back flexion of 20-30%, extension of 0-10% and pain with extension and lateral rotation. Subjective complaints (10-02-2015) included low back pain radiating to the lower extremity rated as 8 out of 10. Lidopro was noted to help the worker to not increase the use of opioid medication. Objective findings (10-02-2015) included tenderness over the lower right lumbar spinal facet joints, back flexion and extension was 10-20% and extension and lateral rotation was painful. In the most recent progress notes, there is no documentation of an intolerance to oral pain medication, there is no documentation of the severity of pain before and after the use of Norco and Lidopro ointment, average pain ratings were not provided, duration of pain relief was not documented and there was no evidence of objective functional improvement

or improved quality of life with the use of medications. A utilization review dated 10-27-2015 non-certified a request for Lidopro cream 121 gm and modified a request for Norco 5-325 mg #60 to certification of Norco 5-325 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of significant quantifiable pain relief or objective evidence of functional improvement with the prior use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg #60 is not medically necessary.

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): Capsaicin, topical, Topical Analgesics.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin 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 evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No

other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regards to Lidopro cream, the use of capsaicin at 0.0375% and topical lidocaine not in a dermal patch formulation are not recommended by the MTUS Guidelines. The request for Lidopro cream 121gm is not medically necessary.