

Case Number:	CM15-0225295		
Date Assigned:	11/23/2015	Date of Injury:	07/17/2008
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 7-17-2008 and has been treated for low back pain; discogenic pain; lumbar degenerative disc disease; lumbar radiculitis; chronic pain syndrome; and, lumbar post laminectomy pain syndrome. She is status post L4-5 disc replacement 11-5-2009; lumbar decompression L4-5 and L4-S1 7-11-2010; and, L4-S1 fusion 5-2011. On 9-30-2015, the injured worker reported low aching back pain which had been radiating into both legs, as well as back spasms. Pain was rated at 9 out of 10 after medication, but 10 out of 10 without, and was aggravated by sitting, standing, bending and lifting. Objective findings include positive bilateral straight leg raising, more on the right; lumbar paraspinal muscle tenderness over the right subcostal region; and, decreased light touch over the right L5-S1 dermatomal distribution. Documented treatment includes ice, rest, TENS unit, acupuncture "helped in the past," psychotherapy, Cymbalta, Buspar, Gabapentin, Nexium, and Baclofen for muscle spasm which "has not been helping much" and at this visit was being discontinued and changed to Tizanidine. The physician noted that the injured worker has been able to perform activities such as personal care, driving, and light housework due to use of Norco four times per day as needed. The physician states there are no aberrant behaviors, a pain contract is in place, and CURES and urine drug tests have been "consistent." The treating physician's plan of care includes a new prescription for Lidopro #30 to be applied to the left lower thoracic-upper lumbar region 12 hours on and 12 hours off. This was denied on 10-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #30: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for back pain. Therefore, the request is not medically necessary.