

Case Number:	CM15-0051065		
Date Assigned:	03/24/2015	Date of Injury:	03/29/2001
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: 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 58 year old male, who sustained an industrial injury on 3/29/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having multilevel disc herniation of the lumbar spine, with moderate to severe neural foraminal narrowing, facet arthropathy of the lumbar spine, lumbar radiculopathy, and status post microlumbar decompressive surgery. Treatment to date has included conservative measures, including medications, physical therapy, chiropractic, acupuncture, and transforaminal epidural steroid injection, and left L3 and L4 on 1/30/2015. Urine drug screen, dated 1/27/2015, was inconsistent with reported medications. On 1/27/2015, the injured worker complained of low back and leg pain. Current medications included Tylenol #3, Omeprazole, Ibuprofen, and Lyrica. He stated that when he uses Omeprazole and Ibuprofen together, his symptoms are well controlled. Pain was rated 6/10 with medications and 8/10 without. He requested cream for his low back. He wore a lumbar brace and his gait was slow and antalgic. Trace pre tibial edema was noted bilaterally. Exam of the lumbar spine revealed tenderness to palpation to the bilateral paraspinals, left greater than right and lumbar midline. Lumbar range of motion was limited by pain and motor strength of the lower extremities was 4/5 in the left. Decreased sensation was noted in the left L4-S1 dermatomes. Straight leg raise was positive on the left at 60 degrees, with pain to the foot. Referenced findings included magnetic resonance imaging of the lumbar spine on 10/09/2103. The treatment plan included current medications, with trial of topical Lidopro, follow-up in 8 weeks, and random urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen with Codeine 300/30mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic back and leg pain. Prior urine drug screening in January 2014 had been consistent with prescribed medications. The claimant continues to take Tylenol #3. The requesting provider documented improved function with increased walking distance with medication use. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 (acetaminophen/codeine 300/30mg) is a short acting combination weak 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 or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Although the claimant's pain appears unchanged with medications, he has increased functional capacity when taking them. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Tylenol #3 was medically necessary.

LidoPro topical ointment #1: 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 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic back and leg pain. Prior urine drug screening in January 2014 had been consistent with prescribed medications. The claimant continues to take Tylenol #3. The requesting provider documented improved function with increased walking distance with medication use. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. 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 up, 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. However, guidelines recommend that when prescribing

medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.

Random urine toxicology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic back and leg pain. Prior urine drug screening in January 2014 had been consistent with prescribed medications. The claimant continues to take Tylenol #3. The requesting provider documented improved function with increased walking distance with medication use. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant would be considered at low risk and therefore the yearly testing as was requested in this case was medically necessary.