

<b>Case Number:</b>	CM15-0052541		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 47 year old, female, who sustained a work related injury on 10/5/09. The diagnoses have included lumbosacral/joint/ligament strain/sprain and myofascial pain. Treatments have included x-rays lumbar spine on 10/13/09, MRIs of lumbar spine on 11/20/09 and 6/22/11, physical therapy, trigger point injections, left L5-S1 facet cortisone block on 8/17/10, medications, electrodiagnostic testing on 2/19/11, epidural steroid injection on 3/21/12, TENS unit therapy, home exercise program and heat/cold therapy. In the PR-2 dated 2/13/15, the injured worker complains of constant low back pain that radiates down left leg. She rates the pain an 8/10. She states the pain has increased due to a lack of Norco pain medication. She states the cold weather worsens her pain. The range of motion in lumbar area is restricted due to pain upon movement. She has weakness and muscle atrophy in left leg. The treatment plan is to refill Percocet (Norco) and Lidopro cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Percocet or any documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. This request is not medically necessary.

**Lidopro cream #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 Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** LidoPro contains capsaicin, lidocaine, menthol, methyl salicylate. Per MTUS page 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 guidelines page 105, "Recommended. Topical salicylate (e.g., Ben-Gay, 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 (page 112) "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 California MTUS, Official Disability Guidelines, 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 guidelines. 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. Therefore, this request is not medically necessary.