

Case Number:	CM15-0057070		
Date Assigned:	04/01/2015	Date of Injury:	02/20/2008
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of February 20, 2008. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for Nalfon and LidoPro cream while apparently approving a request for Effexor. An order form dated February 11, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On September 20, 2014, LidoPro, tramadol, Topamax, Naprosyn, Paxil, Norflex, and TENS unit were endorsed. The applicant was not working, it was acknowledged. Ongoing complaints of low back pain and bilateral lower extremity pain were noted. The applicant was apparently receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits, it was acknowledged. The applicant had various depressive symptoms and gained 30 pounds, it was acknowledged. The applicant was using a cane to move about and only able to perform light chores at home, it was suggested. On October 23, 2014, the attending provider again noted that the applicant was having difficulty with prolonged sitting, standing, and/or walking tasks. The applicant was off of work, and gained 30 pounds, receiving Social Security Disability Insurance (SSDI) benefits, it was acknowledged, in addition to Workers Compensation indemnity benefits. Naprosyn, Protonix, Topamax, Norflex, and tramadol were renewed. On March 12, 2015, Nalfon, Effexor, Remeron, Norflex, Ultracet, Neurontin, LidoPro, and Colace were prescribed. The applicant had gained 35 pounds and was collecting Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity

benefits, it was acknowledged. The applicant was largely immobile, it was suggested. On December 31, 2014, Flexeril, tramadol, Protonix, Topamax, and Naprosyn were again endorsed. Once again, it was acknowledged that the applicant was not working and the applicant's daughter was helping him to perform household chores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon 400mg #60 (RX date 02/11/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Nalfon, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the anti-inflammatory medications such as Nalfon do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into its choice of recommendations. Here, however, the attending provider did not clearly state why the applicant was seemingly given a prescription for Naprosyn, a first anti-inflammatory medication, in late 2014, and then went on to receive Nalfon, a second anti-inflammatory medication, in early 2015. It was not clear whether the applicant was using the two medications together or whether Nalfon was furnished to replace Naprosyn. No rationale for the seeming change in NSAIDs was furnished. Therefore, the request was not medically necessary.

Lidopro Cream #1 Bottle (RX date 02/11/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro 4% - DailyMeddailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid_b332 Feb 3, 2015 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment.

Decision rationale: Similarly, the request for LidoPro cream was likewise not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended expect as a last- line agent for applicants who have not responded to or are

intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Nalfon, Naprosyn, tramadol, Flexeril, Topamax, etc., effectively obviated the need for the capsaicin-containing LidoPro compound in question. Therefore, the request was not medically necessary.