

<b>Case Number:</b>	CM15-0059134		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33-year-old male who reported injury on 10/01/2013. The mechanism of injury was the injured worker was taping a bottom floor and was kneeling for approximately 2 hours and when he stood up he felt immediate pain. The documentation of 02/2015 revealed the injured worker had low back pain that was a 7/10 in severity with bilateral lower extremity tingling and numbness. The injured worker had GI symptoms. The objective findings revealed decreased range of motion in the lumbar spine and tenderness to palpation over the paraspinal muscles with spasms. The diagnoses included lumbar sprain and strain, sleep disturbance and myofascial pain. The treatment plan included LidoPro cream, TENS electrodes x2 pair, Effexor, omeprazole and cyclobenzaprine. Additionally, the documentation indicated the injured worker was to utilize his TENS unit as an adjunct to a home exercise program for pain. The injured worker was to continue heat therapy. The omeprazole was noted to be for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective ( DOS 2/20/15) 1 Tens Electrodes 2 Pairs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the injured worker was to utilize the TENS unit. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain with the use of the unit. Given the above, the request for retrospective (DOS 2/20/15) 1 TENS electrodes 2 pairs is not medically necessary.

**Retrospective (DOS 2/20/15) Unknown Prescription for Effexor: 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 antidepressants Page(s): 13.

**Decision rationale:** The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement, including an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The request as submitted failed to indicate the frequency and quantity, as well as strength for the requested medication. Given the above, the request for retrospective (DOS 2/20/15) unknown prescription for Effexor is not medically necessary.

**Retrospective (DOS 2/20/15) 1 Prescription for Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (Proton Pump Inhibitor).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia. However, the efficacy for the requested

medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective (DOS 2/20/15) 1 prescription for omeprazole 20 mg #60 is not medically necessary.

**Retrospective ( DOS 2/20/15) 1 Prescription for Lidopro cream 121gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105,111,28,112. Decision based on Non-MTUS Citation [www.drugs.com/search.php?searchterm=LidoPro](http://www.drugs.com/search.php?searchterm=LidoPro).

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended 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 indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per [drugs.com](http://drugs.com), LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to provide documentation that the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. There was a lack of documentation of exceptional factors as topical lidocaine is not recommended, with the exception of topical Lidoderm. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for retrospective (DOS 2/20/15) 1 prescription for LidoPro cream 121 gm is not medically necessary.