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| Case Number: | CM15-0060474 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 11/17/2010 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: New Jersey, New York
 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 64 year old female, who sustained an industrial injury on 11/17/2010. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having cervical sprain/strain, wrist sprain/strain, carpal tunnel syndrome, and lumbar sprain/strain. Treatment to date has included medications, transcutaneous electrical nerve stimulation, exercises, and a brace. The request is for Naproxen 550mg #60, Gabapentin 100mg #30, Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, LidoPro cream 4 oz. On 3/2/2015, a PR-2 indicates she was seen for continued neck, wrist, and low back pain. She reports her neck pain radiates down to her fingers, and the low back pain has intermittent radiation to the lower extremity. She reports having gastrointestinal discomfort. She indicates her medications help by 50% pain reduction. The treatment plan included: Omeprazole, Gabapentin, trial of LidoPro as she cannot tolerate Naproxen due to reporting severe gastric pain; and continue home exercises and transcutaneous electrical nerve stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There was no documentation of functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

Lidopro cream 4oz: 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 Topical analgesics Page(s): 111-113.

Decision rationale: The request is considered not medically necessary. Lidopro ointment is a combination of lidocaine, capsaicin, menthol, and methyl salicylate. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia which the patient was not diagnosed with. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. There are no guidelines for the use of menthol with the patient's complaints. Methyl salicylate may be useful for chronic pain, however, any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.