

Case Number:	CM15-0061257		
Date Assigned:	04/07/2015	Date of Injury:	09/07/2005
Decision Date:	07/16/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/31/2015

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 62-year-old male, who sustained an industrial injury on September 7, 2005. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus (HNP) and radiculopathy. Treatment to date has included medication, home exercise program (HEP), epidural steroid injection, magnetic resonance imaging (MRI), chiropractic and acupuncture. A progress note dated February 9, 2015 provides the injured worker complains of neck pain radiating down both arms to the elbows rated 7-10/10. He has stabbing mid and upper back pain and aching low back pain both rated 7/10. In addition he reports dizziness, stomach pain and frequent constipation. Physical exam notes no acute distress, tenderness on palpation of the cervical and lumbar spine with decreased range of motion (ROM) and positive straight leg raise. Magnetic resonance imaging (MRI) studies were reviewed revealing disc cervical and lumbar bulges and electromyogram was normal. The plan includes Lidopro ointment, Docuprene, Naproxen, Ultracet, neurology consult, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Medications for chronic pain, Topical Analgesics Page(s): 60 and 111-113.

Decision rationale: The claimant sustained a work injury in September 2005 and continues to be treated for low back pain, upper back pain, and radiating neck pain. When seen, there was cervical and lumbar spine tenderness with decreased range of motion and positive straight leg raising. Medications refilled were Ultracet, Naproxen, Prilosec, Docuprene, and Lidopro. 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. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication and in this case oral Naproxen was also being prescribed. 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. The claimant was also taking oral Naproxen without reported intolerance. Therefore, Lidopro was not medically necessary.

8 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in September 2005 and continues to be treated for low back pain, upper back pain, and radiating neck pain. When seen, there was cervical and lumbar spine tenderness with decreased range of motion and positive straight leg raising. Medications refilled were Ultracet, Naproxen, Prilosec, Docuprene, and Lidopro. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.