MAXIMUS Federal Services

Case Number:	CM15-0083107		
Date Assigned:	05/05/2015	Date of Injury:	04/01/2013
Decision Date:	06/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, California
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:

This is a 61 year old male patient, who sustained an industrial injury on 04/01/2013. He sustained the injury when he missed step while coming down the platform. On 10/03/2014, he experienced excruciating pain in his lower back along with weakness in his right leg. He lost his balance and fell onto the sidewalk fracturing the 4th metatarsal of the right foot. The diagnoses include lumbar degenerative disc disease with severe lateral recess stenosis with moderate central and foraminal stenosis impinging on the descending and exiting nerve roots bilaterally left great than right, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, previous history of laminectomy in 1998 with questionable fusion history with complete resolution symptoms for over 16 years, medication induced gastritis, right 4th metatarsal fracture secondary to fall on 10/03/2014 industrial related and bilateral lower extremity radiculopathy with neurogenic claudication. According to a progress report dated 02/25/2015, he had undergone a very successful lumbar epidural steroid injection on 12/08/2014. The physical examination revealed mild to moderate distress, antalgic gait, lumbar spine- tenderness with increased rigidity, multiple trigger points, decreased range of motion, decreased sensation in L5-S1 distribution bilaterally; right foot/ankle-tenderness on medial and lateral malleoli and mild soft tissue swelling. On 01/20/2015, he developed pain in his lower back causing him to lose his balance and fall on his left side. He had been having more and more weakness in his legs with associated numbness radiating down his legs as well as pain in his low back which caused him to fall 3-6 times a month. Anaprox was not helping. He got 30 percent pain relief from Norco and 4-6 hours of benefit from each Norco tablet. The medications list

includes Norco, Anaprox, Prilosec, Neurontin, Elavil, LidoPro topical ointment and Lidoderm 5%. He has had lumbar MRI on 5/23/2013 and EMG on 9/22/14 which revealed right acute L5 radiculopathy. He has undergone spinal surgery in 1998 and removal of hardware in 1999. He has had caudal and lumbar ESIs for this injury. He has had physical therapy, psychotherapy and TENS for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro topical cream (DOS 2/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Request: Retrospective Lidopro topical cream (DOS 2/25/15) Lidopro is a topical compound cream which contains capsaicin, lidocaine, menthol and methylsalicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: 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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking gabapentin and elavil. Failure of these or other similar antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin are not recommended in this patient for this diagnosis as cited. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Retrospective Lidopro topical cream (DOS 2/25/15) is not fully established for this patient. Therefore, the requested treatment is not medically necessary.

Retrospective Prilosec 20mg #60 (DOS 2/25/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Retrospective Prilosec 20mg #60 (DOS 2/25/15). Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or ananticoagulant; or (4) high dose/multiple NSAID (e. g. , NSAID + low-dose ASA)." Patient has history of medication induced gastritis. Patient is taking anaprox currently. PPI is recommended in such a condition. The request of retrospective Prilosec 20mg #60 (DOS 2/25/15) is medically appropriate and necessary for this patient.