

Case Number:	CM15-0088677		
Date Assigned:	07/16/2015	Date of Injury:	07/19/2013
Decision Date:	09/10/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 29 year old male, who sustained an industrial injury on 07/19/2013. He has reported subsequent low back, shoulder, wrist and hand pain and was diagnosed with lumbosacral radiculopathy, hand sprain/strain, wrist tendinitis/bursitis and shoulder tendinitis/bursitis. Treatment to date has included medication and bracing. MRI of the right shoulder dated 03/13/2015 was essentially unremarkable. MRI of the left shoulder performed on the same date showed minor supraspinatus insertional tendinosis and minimally frayed anterior labrum. CT myelography of the lumbar spine showed L5-S1 postoperative intact hardware and L5 laminectomy with suggestion of ventral epidural defect of 3.1 mm and mild to moderate bilateral foraminal stenosis, broad based posterior disc bulge/osteophyte at T11-T12, L4-L5 suggestive of broad based disc protrusion of 3.5 mm and T12-L1 small left posterior paramedian disc protrusion of 2 mm. In a progress note dated 04/08/2015, the injured worker complained of severe headaches. The physician noted that post-myelogram the injured worker was experiencing severe headaches that were likely the result of a cerebrospinal fluid leak after injection. No objective examination findings were documented. A request for authorization of Lidopro topical pain ointment #1, 121 grams with 5 refills, Norflex 100 mg #60 with 5 refills and Voltaren 100 mg #60 with 5 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical pain ointment #1 121grams with 5 refills: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic compound, LidoPro cream, contains: Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.

Norflex 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: According to the ODG, Norflex (Orphenadrine) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. Guidelines do not recommend muscle relaxants as a first line option for treatment for pain and there is no evidence of a failure of all first line therapeutic agents. There were also no objective examination findings documented during the most recent 04/08/2015 visit. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.

Voltaren 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Diclofenac Sodium (Voltaren).

Decision rationale: As per CA MTUS guidelines, non-steroidal anti-inflammatory drugs (NSAID's) are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. As per ODG, Voltaren (Diclofenac) is not recommended as a first-line analgesic due to increased risk profile. The documentation submitted indicates that the injured worker was experiencing severe headaches post-myelography due to a cerebrospinal fluid leak. Voltaren is not recommended as a first-line agent and there was no evidence that the injured worker had failed treatment with all other first line therapeutic agents. There were also no objective examination findings documented during the most recent 04/08/2015 visit. Therefore, the request for Voltaren is not medically necessary.