

Case Number:	CM14-0106848		
Date Assigned:	07/30/2014	Date of Injury:	03/20/2012
Decision Date:	10/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 03/20/2012 due to an unknown mechanism. Diagnoses were multilevel disc herniation of lumbar spine with neural foraminal narrowing, facet arthropathy of lumbar spine, and lumbar radiculopathy. Physical examination on 04/24/2014 revealed complaints of back pain that was rated a 5/10 to 7/10 on the pain scale. The injured worker did state that the back pain was improving somewhat with time. He also reported that the pain radiated down both legs to the bottoms of his heels, with some weakness. The injured worker has had 3 to 4 visits of physical therapy in the past. It was also reported he had 4 visits of chiropractic treatment. The injured worker did not feel that these therapies were helping him. The injured worker has had an epidural steroid injection of the lumbar spine in the past, which was reported to have decreased the pain significantly for about 2 months. Examination of the lumbar spine revealed flexion was decreased to 20 degrees, extension was to 5 degrees, right lateral bend was to 10 degrees, and left lateral bend was to 10 degrees. Treatment plan was to continue medications as directed and request physical therapy. The rationale and Request for Authorization were not submitted.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112.

Decision rationale: The decision for Lidopro topical ointment #1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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 is only recommended as an option in patients who have not responded or are intolerant to other treatments. 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 (tricyclic or SNRI antidepressants or an anti-epilepsy drug 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, Lidopro is a topical analgesic containing Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The medical guidelines do not support the use of compounded topical analgesics. The efficacy of this medication was not provided. The frequency for the medication was not provided on the request. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Omeprazole 20mg #60: 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 NSAIDs Page(s): 67.

Decision rationale: The decision for Omeprazole 20mg #60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The request does not indicate a frequency for the medication. The efficacy of this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, the request is not medically necessary.

Nortriptyline HCL 25mg #60: 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 decision for Nortriptyline HCL 25mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule 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 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 efficacy of this medication was not reported. The request does not indicate a frequency or a quantity for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The decision for Cyclobenzaprine 7.5mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Therefore, this request is not medically necessary.