

Case Number:	CM14-0117019		
Date Assigned:	09/23/2014	Date of Injury:	08/30/2004
Decision Date:	10/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 8/30/2004. Per primary treating physician's progress report dated 5/27/2014, the injured worker complains of low back, neck and upper and extremity pain that he rates at 9-10/10. He states that his pain is the same since the last visit. He is status post cervical facet medial branch block at left C4-5 and C5-6 done on 4/11/2014. He notes relief for about an hour following the MBB and notes less than a 50 % decrease in pain. He notes that his symptoms have returned after the procedure. He notes an increase in headaches. He continues to get worse with time and is having more pain. He uses a TLSO on a daily basis. His dizziness and headaches have increased which he believes are related to his fall on 6/18/2013. He has noted stomach pain and frequent urination with burning. He states the medications help decrease pain and denies any side effects. On examination he ambulates with a single-point cane. Injection sites are not visible and there is no sign of infection. He points to the left C4-C6 area as his source of pain in the cervical spine. Increase in pain with extension of the cervical spine. Positive tenderness to palpation of the bilateral cervical paraspinals. He has decreased left C5, C6, and C7 dermatomes to pinprick and light touch. Strength is 4+/5 in bilateral upper extremities limited by pain. He has tenderness to palpation of the lumbar spine. He has decreased sensation in the left L3, L4, L5, and S1 dermatomes. He has positive straight leg raise bilaterally at 60 degrees with pain to the toe and positive stump test. He has 4/5 strength in bilateral lower extremities. Diagnoses include 1) chronic low back pain 2) chronic pain syndrome 3) status post spinal cord stimulator placement 4) chronic neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

#1 Lidopro Topical Ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there are no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since Capsaicin 0.0375% is not recommended by the guidelines, the use of Lidopro ointment is not recommended. The request for 1 Lidopro Topical Ointment 4 oz is determined to not be medically necessary.

#60 Hydrocodone/APAP 5/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been injured for over 10 years. It is noted that a request for Hydrocodone has previously been noncertified. The injured worker continues to report unchanged pain rated at 9-10/10 while using opioid therapy. Medical necessity for this request has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been

used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for #60 Hydrocodone/APAP 5/325 MG is determined to not be medically necessary.

Robaxin 750mg #60: 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 (for pain) section, Weaning of Medications section, Page(s): 63, 65, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has been using Robaxin chronically. The injured worker does not have an acute injury or exacerbation of an existing injury that may benefit from short term use of Robaxin. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Robaxin 750 mg #60 is determined to not be medically necessary.

#1 Docuprene 100mg Tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004) (drug manufacturer literature) Colace

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted have been treated with opioid medications, but the request for continued opioid therapy has been determined to not be medically necessary. The request for #1 Docuprene 100mg Tablet is determined to not be medically necessary.