

Case Number:	CM14-0128934		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2006
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 60 year old female who reported an injury on 04/28/2006; the mechanism of injury was not indicated. The injured worker had diagnoses including cervical sprain and internal derangement of the knees bilaterally. Prior treatment included epidural injections, use of a TENS unit, a back brace, and physical therapy. Diagnostic studies included an MRI of the lumbar spine and electrodiagnostic studies. The injured worker underwent medial and lateral meniscectomy in 2009. The injured worker complained of pain to the neck, low back, bilateral knees, and both shoulders pain. The clinical note dated 08/06/2014 reported the injured worker had tenderness along the knee especially along the patella and medial joint line on the left knee. Medications included Norco, Lidopro, Protonix and Flexeril. The treatment plan included a request for Norflex, 100 Mg Quantity: 60, Lidopro Cream Quantity: 1 and Protonix 20 MG #60. The rationale for the requests for Lidopro and Norflex were recommended to facilitate functional improvement to the knees and Protonix was prescribed for upset stomach. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex, 100 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page(s): 69.

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

Decision rationale: The injured complained of neck, low back, both knees and both shoulders pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The injured worker has been prescribed the medication since at least 07/2014; continued use of the medication would exceed the guideline recommend for a short course of treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Norflex 100 Mg #60 is not medically necessary.

Lidopro Cream #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Salicylate topicals Page(s): 111-113, 105.

Decision rationale: The injured worked complained of neck, low back, both knees and both shoulders pain. Lidopro cream contains Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5% and Methyl Salicylate 27.5%. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide efficacy. The guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation indicating the injured worker has been unresponsive to or has not tolerated other treatments. The guidelines indicate there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation is effective; therefore, Capsaicin 0.0325% would not be indicated. The guidelines do not recommend Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not

indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request of Lidopro Cream #1 is not medically necessary and appropriate.

Protonix 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, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker has documentation of NSAID regimen. The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. Additionally, the submitted request does not indicate the frequency at which the medication is prescribed. Therefore the request for Protonix 20 mg #60 is not medically necessary.