

Case Number:	CM14-0131596		
Date Assigned:	08/20/2014	Date of Injury:	03/16/2002
Decision Date:	09/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain 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:

The injured worker is a 43 year old female who reported a date of injury of 03/16/2002. The mechanism of injury was not indicated. The injured worker had diagnoses of discogenic low back pain, plantar fasciitis and lateral elbow epicondylitis bilaterally. The injured worker had prior treatments including medications and acupuncture. Diagnostic studies and surgeries were not indicated in the medical records received. The injured worker had complaints of low back pain that was exacerbated by activity and prolonged sitting and requested pain patches to avoid the use of oral medications at work. The clinical note dated 06/20/2014 noted the injured worker had tenderness in the lower lumbar paravertebral musculature. A range of motion assessment indicated the injured worker had forward flexion of 65 degrees, extension of 10 degrees, and lateral bending of 30 degrees. The injured worker's lower extremity strength was globally intact. There was slight tenderness over the lateral epicondyle of the injured worker's right elbow, the injured worker's grip and upper extremity strength were intact. Medications included Soma and Ultram. The treatment plan included recommendations for topical Ultracin lotion and Lidoderm patches and the physician recommended alternating the two with Soma. The physician recommended topical medications in order to help the injured worker avoid the use of oral pain medications while at work. The request for authorization form was dated 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120grams x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Salicylate topicals Page(s): 111-112; 105.

Decision rationale: The injured worker had complaints of low back pain that was exacerbated by activity and prolonged sitting. Ultracin contains menthol, methyl Salicylate and capsaicin lotion. The California MTUS guidelines indicate topical analgesics are 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. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines note topical Salicylate is significantly better than placebo in chronic pain. There is a lack of documentation the injured worker failed antidepressants or anticonvulsants. There is a lack of documentation indicating the injured worker has not responded to or is intolerant to other treatments. Additionally, the request as submitted did not specify a site of application or frequency of use. As such, the request for Ultracin lotion 120 grams with 2 refills is not medically necessary.

Lidoderm patch #60 refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The injured worker had complaints of low back pain that was exacerbated by activity and prolonged sitting. The California MTUS guidelines indicate Lidoderm is 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). Lidoderm is the brand name for a lidocaine patch. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is a lack of documentation the injured worker failed antidepressants or anticonvulsants. There is a lack of documentation the injured worker has neuropathic pain or has post-herpetic neuralgia. Additionally, the request as submitted did not specify site of application or, a frequency of use. As such, the request for Lidoderm patch #60 with 2 refills is not medically necessary.