

Case Number:	CM14-0135418		
Date Assigned:	08/29/2014	Date of Injury:	01/26/2006
Decision Date:	09/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 45-year-old male with a reported date of injury on 01/26/2006. The mechanism of injury occurred when the injured worker struck his back on the car door frame. His diagnoses were noted to include a 4 mm lumbar disc herniation with multilevel disc bulging and lower extremity radicular pain, chronic cervical strain, bilateral shoulder rotator cuff syndrome, bilateral knee strain, bilateral knee patellofemoral syndrome, history of cervical cord injury with temporary paralysis, bilateral ankle/foot pain, and 4-level lumbar spine fusion from L3-S1. His previous treatments were noted to include surgery, medications, and physical therapy. The progress note dated 03/12/2014 revealed complaints of lower back pain rated 5/10 that radiated to both legs with numbness and tingling. The injured worker complained of neck pain rated 4/10 that radiated to the arms, as well as bilateral shoulder pain rated 6/10, and bilateral knee pain at 6/10 and bilateral ankle and foot pain rated 2/10 to 3/10. The injured worker indicated the Lyrica helped to control his neuropathic pain to both the upper and lower extremities. The physical examination of the cervical spine revealed decreased range of motion with normal strength rated 5/5 bilaterally at C5-8, but decreased sensation bilaterally at 4/5 at C5-8. There was tenderness to the paraspinal equally, as well as the trapezius muscles equally, and a positive Spurling's. The examination of the lumbar spine revealed tenderness to the paraspinals equally and a positive Kemp's sign bilaterally. There was normal strength rated 5/5 bilaterally at the L4, L5, and S1, and decreased sensation L4-5 at the L4-S1. The examination of the bilateral knees revealed slight decreased range of motion and tenderness to the medial and lateral joint line to the right lower extremity. There was a positive valgus, varus, and McMurray's on the right side. The examination of the ankles revealed full range of motion, although there was a 1+ swelling bilaterally. The Request for Authorization form was not submitted within the medical records. The request was for an unknown prescription of Keratek

gel, unknown prescription of Lidoderm patches, and Lyrica 50 mg for neuropathic pain, and Flomax 0.4 mg; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription Kera-Tek Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topical Page(s): 111, 105.

Decision rationale: The request for an unknown prescription of Keratek gel is not medically necessary. Keratek gel consists of methyl salicylate and menthol. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines recommend topical salicylates, stating that topical salicylates are significantly better than placebo in chronic pain. There is a lack of documentation regarding why the injured worker is unable to take oral medications. There is a lack of documentation regarding efficacy of this medication, and improved functional status. Additionally, the request failed to provide the dosage and frequency of this medication to be utilized. Therefore, the request is not medically necessary.

Unknown Prescription Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112.

Decision rationale: The request for an unknown prescription of Lidoderm patches is not medically necessary. The injured worker complains of radiating pain to the upper and lower extremities. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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 AED such as gabapentin or Lyrica. No other commercially-approved topical formulation of

lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The injured worker complains of neuropathic pain; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Lyrica 50mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 19.

Decision rationale: The request for Lyrica 50 mg #60 is not medically necessary. The injured worker has been utilizing Lyrica since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered a first-line treatment for both. The injured worker indicated the Lyrica helped with the neuropathic pain to the bilateral upper and lower extremities; however, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Flomax 0.4, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinic Guideline Center for Acute and Chronic Conditions Lower Urinary Tract Symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Tamsulosin: MedlinePlus drug information.

Decision rationale: The request for Flomax 0.4 #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. Tamsulosin is used in men to treat the symptoms of an enlarged prostate (benign prostatic hyperplasia or BPH) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency. Tamsulosin is in a class of medications called alpha blockers. It works by relaxing the muscles in the prostate and bladder so that urine can flow easily. There is a lack of clinical findings consistent with the need for Flomax. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.