

Case Number:	CM14-0144406		
Date Assigned:	09/12/2014	Date of Injury:	07/02/2008
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 57-year-old male, who has submitted a claim for lumbar disc disease associated with an industrial injury date of 07/02/2008. Medical records from 2014 were reviewed. The patient is experiencing low back pain that radiated down his right leg with numbness in the right foot. He also reported lack of sexual function due to his injury. Physical examination revealed restricted lumbar range of motion due to pain. Paravertebral muscle spasm and tenderness was noted. Tight muscle band was noted on the right side. Positive facet loading was positive bilaterally. Straight leg raise test was positive on the right side. Tenderness over the sacroiliac spine was noted. Treatment to date has included L5-S1 fusion surgery in 2011, activity restrictions, multiple epidural steroid injections, physical therapy, a home exercise program and oral medications (Cialis since 06/2014, Lyrica, Soma since at least 2013). Utilization review from 08/28/2014 denied the request for Soma because this medication is not recommended for longer than a two to three week period per its FDA description. The patient has been on Soma since early 2013. The request for Terocin lotion was also denied because the guidelines do not support the use of lidocaine in any other topical formulation aside from the Lidoderm patch. The request for Cialis was also denied because the patient's current symptoms pertaining to his erectile dysfunction had not been elaborated in the latest reports reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bottle of Terocin (Lidocaine 2.5%, Methyl Salicylate 25%, Capsaicin .025% and Menthol 10%) Lotion: 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, Salicylate topicals, Topical Analgesics Page(s): 28-29, 105, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylates, Topical

Decision rationale: Terocin lotion contains: 2.5% Lidocaine, 0.025% Capsaicin; 10% Menthol; and 25% Methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that 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. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methyl salicylate, and Capsaicin, may in rare instances cause serious burns. Page 105 of CA MTUS states that Salicylate topicals are significantly better than placebo in chronic pain. In this case, medical records submitted did not document that the patient utilized Terocin lotion. Moreover, the use of Lidocaine in a formulation other than Lidoderm patch is not recommended. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for 1 bottle of Terocin lotion (Lidocaine 2.5%, Methyl Salicylate 25%, Capsaicin .025% and Menthol 10% is not medically necessary.

Cialis 10mg #10: Upheld

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

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: American Urological Association Guidelines: The Management of Erectile Dysfunction (2005) <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Urological Association Treatment Guidelines was used instead. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. Patient has been on this medication since June 2014. There is no documentation describing the sexual difficulty, or of benefits with use of this medication. Additional information is necessary to support this request. Also, the requested quantity is not specified. Therefore, the request for Cialis 10mg was not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Low Back Complaints, Ca.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available), Pa.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as 2013. The guideline does not support long term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. Therefore, the request for SOMA 350mg #60 is not medically necessary.