

Case Number:	CM14-0172329		
Date Assigned:	10/23/2014	Date of Injury:	04/04/1993
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 04/04/1993. The mechanism of injury was not submitted for this review. The injured worker's prior treatment history included MRI studies, topical medications, oral medications, postlaminectomy syndrome, failed back surgery, urine drug screen, and spinal cord stimulation implant. The injured worker was evaluated on 10/01/2014, and it was documented the injured worker complained of lower back pain. The injured worker complained of numbness in the right leg from mid-thigh to ankle on the lateral aspect of the leg. The injured worker complained more of weakness and having foot drop and complained of numbness starting in the medial upper right leg. She continued to take 1 half Norco in the AM and another 1 half in the PM. Currently with the combination of stim and medications, she felt comfortable. She had no new complaints. She took Flexeril for spasms in the PM only. She had been taking gabapentin for lower extremity burning that helped quite a bit. She used Lidoderm patches when she had a cleaning day at home; however, she was really sore afterwards. The physical examination of the musculoskeletal revealed pain with palpation of the right greater trochanter and along the midline lumbar incision with trigger point. The pain was greater on the right than left with tenderness and spasms of the L3-5 paraspinal muscles. There was pain with extension of the back, localizing to the lumbar facet joints. The examination of the lumbar spine revealed decreased range of motion. Extension was at 20 degrees, flexion was at 40 degrees, bilateral bending was at 15 degrees, and rotation was at 30 degrees. Diagnoses included lumbar radiculopathy; postlaminectomy syndrome, lumbar region (failed back surgery syndrome - back); osteoarthritis, generalized degenerative joint disease; stiffness of joint not elsewhere classified involving multiple sites; displacement of lumbar intervertebral disc without myelopathy; lumbosacral degenerative disc disease; lumbago; trochanteric bursitis; and sacroiliac joint dysfunction. Medications included Norco 10/325 mg,

Neurontin 600 mg, Lyrica 50 mg, Flexeril 7.5 mg, Celebrex 200 mg, Lidocaine patches, Medrox ointment, and Theramine. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox (Menthol, Capsaicin, Menthyl Salicylate) 0.0375-20%, 120 x30 days with 1 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111-113, 105. Decision based on Non-MTUS Citation <http://www.drugs.com> and Official Disability Guidelines (ODG): Pain (Chronic), Salicylate Topicals

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

Decision rationale: The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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 any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. The request failed to indicate location where Medrox patches are required. Given the above, the request for Medrox (menthol, capsaicin, methyl salicylate) 0.0375-20%, 120 x30 days with 1 refill is not medically necessary.

Lenzpatch (Lidocaine with Menthol) 4%-1%, 110 X 13 days with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request submitted for review failed to indicate body location where patches are required for the injured worker. As such, the request for Lenzapatch (lidocaine with menthol) 4%-1%, 110 x13 days with no refills is not medically necessary.