

Case Number:	CM14-0097937		
Date Assigned:	07/28/2014	Date of Injury:	04/12/2002
Decision Date:	10/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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, has a subspecialty in Interventional Spine 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 with a date of injury of 04/12/2002. The listed diagnoses per [REDACTED] are: 1. Failed low back surgery syndrome. 2. Moderate to severe lumbar stenosis, worse at L4-L5. 3. Ongoing internal medicine issues including diabetes, hypertension, and essential tremor. 4. T12-L1 spinal cord compression with conus compression. 5. Chronic, stable and mildly elevated liver enzymes. 6. Chronic pain syndrome. According to progress report 05/21/2014, the patient presents with aching, burning, pins and needles pain in his neck, mid and low back. He continues to have numbness that radiates down the bilateral legs to his feet and numbness down bilateral arms. He also reports headaches. The patient notes his spinal cord stimulator has improved his pain about 50%. The patient is using MS Contin for long-lasting pain relief, gabapentin, Cymbalta, Docuprene, and LidoPro topical cream for pain relief. There is also a request for 1 MED panel to verify hepatic and renal function. Utilization review denied the request on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Med Panel to verify Hepatic and Renal Function: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with chronic neck and back pain that radiates into the upper and lower extremities. The request is for "1 MED panel to verify hepatic and renal function." Utilization review denied the request stating patient's NSAID therapy is not administered in high dosage. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." Review of the medical records indicates the patient was administered lab test in June of 2013 which revealed normal kidney function and slight elevated AST and ALT. Although MTUS does not specify frequency in performing laboratory evaluation for NSAID usage, given the patient's continued medication intake including chronic NSAID usage, further laboratory testing may be indicated. As such this request is medically necessary.

Lidopro Topical Ointment 4 oz #1: 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 creams(chronic pain section), Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with chronic neck and low back pain that radiates into the upper and lower extremities. The treater is requesting refill of LidoPro topical ointment for patient's pain. LidoPro compound cream contains capsaicin, lidocaine, menthol and methyl salicylate. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. As such this request is not medically necessary.