

Case Number:	CM14-0084859		
Date Assigned:	07/30/2014	Date of Injury:	05/22/2003
Decision Date:	07/24/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 22, 2003. In a Utilization Review report dated May 29, 2014, the claims administrator failed to approve requests for topical LidoPro and oral Flexeril. The claims administrator referenced an April 22, 2014 RFA form and associated progress notes of April 22, 2014 and May 9, 2014 in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated February 17, 2015, the applicant acknowledged that he was unchanged. The applicant acknowledged that he was not working. The applicant acknowledged that his sitting, standing, and walking tolerance were all limited secondary to his chronic pain complaints. The applicant was using Norco, naproxen, and Flexeril as of this point in time. Pain complaints as high as 7-8/10 were reported. The applicant had last worked in 2003, he acknowledged. In a February 17, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain, sometimes as high as 9-10/10. The applicant had received various treatments until the course of claim, including acupuncture, manipulative therapy, traction, Motrin, Norco, Prilosec, Flexeril, Voltaren, and LidoPro cream, it was acknowledged. The applicant was wheelchair bound, it was reported on this date. In another questionnaire dated December 22, 2014, the applicant again maintained that he was unchanged, was not working, and last worked in 2003. 7-10/10 pain complaints were reported. The applicant acknowledged that topical medications were not appreciably impacting his ability to function and were not diminishing his consumption of oral pharmaceuticals. The applicant was using Norco, naproxen, and Flexeril, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Functional Restoration Approach to Chronic Pain Management Page(s): 28; 7. Decision based on Non-MTUS Citation LidoPro 4% - DailyMed, dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid,b332. Feb 3, 2015 - LIDOPRO- capsaicin, lidocaine hydrochloride, menthol and methyl salicylate ointment, LidoPro Topical Pain Relief Ointment & Applicator [PDF].

Decision rationale: No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. Topical LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that capsaicin, the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, to include Norco, naproxen, etc. , effectively obviated the need for the capsaicin-containing LidoPro ointment in question. It is further noted that the applicant had apparently received and employed the LidoPro ointment in question, despite the unfavorable utilization review determination. The applicant had, moreover, failed to profit from the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the applicant himself acknowledged in a questionnaire that his pain complaints were essentially unchanged despite ongoing usage of LidoPro. The applicant remained off of work and last worked in 2003, as he himself acknowledged in several questionnaires referenced above. Ongoing usage of LidoPro failed to curtail the applicant's dependence on opioid agents such as Norco and, per the applicant's own self-report, failed to generate any analgesia. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Flexeril 10 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, naproxen, etc. Adding cyclobenzaprine (Flexeril) to the mix was not recommended. It was further noted that the 30-tablet supply of cyclobenzaprine at issue, in and of itself, represents treatment in excess of the short course of therapy for which cyclobenzaprine was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.