

Case Number:	CM15-0112255		
Date Assigned:	06/18/2015	Date of Injury:	06/22/2007
Decision Date:	07/20/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old, male who sustained a work related injury on 6/22/07. The diagnoses have included lumbar degenerative disc disease, left sided lumbosacral neuritis/radiculitis and myofascial pain. Treatments have included oral medications, topical pain cream, Toradol IM injections, a home exercise program, TENS unit therapy and ice therapy. All treatments are helpful with pain control. In the PR-2 dated 4/10/15, the injured worker complains of pain in his lower back with associated left leg radiating pain and numbness. He describes the pain as constant, pressure and feels like "something is stuck in there." He has a positive straight leg raise with left leg. The treatment plan includes continuing medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Sodium ER 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in June 2007 and continues to be treated for radiating low back pain. When seen, he was having increased pain. Pain was rated at 9/10. Physical examination findings included positive straight leg raising and difficulty ambulating. Medications being prescribed included Diclofenac ER at up to 200 mg per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is not consistent with guideline recommendations and is not medically necessary.

Retrospective Lidopro topical cream 121 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in June 2007 and continues to be treated for radiating low back pain. When seen, he was having increased pain. Pain was rated at 9/10. Physical examination findings included positive straight leg raising and difficulty ambulating. Medications being prescribed included Diclofenac ER at up to 200 mg per day. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.