

Case Number:	CM15-0113022		
Date Assigned:	06/19/2015	Date of Injury:	10/14/2009
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
Certification(s)/Specialty: Family Practice

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 75-year-old female, who sustained an industrial injury on October 14, 2009. Treatment to date has included medications, durable medication equipment, and imaging of the lumbar spine. Currently, the injured worker complains of lumbar spine pain with radiation of pain, numbness and tingling to the lower extremities. On physical examination the injured worker has tenderness to palpation over the upper, mid and lower paravertebral musculature and her lumbar range of motion is limited. She has increased pain with lumbar extension. Straight leg raise test and femoris stretch are negative. She has mild limitation of her bilateral hips and uses a rolling walker/seat when she is outside the home. The injured worker ambulates with a waddling-type gait and is unable to heel and toe walk due to pain of the lumbar spine. She has decreased sensation in the bilateral lower extremities. Imaging of the lumbar spine on January 15, 2015 reveals degenerative changes, scoliosis and vascular calcifications. The diagnoses associated with the request include degenerative joint disease and degenerative disc disease of the lumbar spine, and chronic lumbar radiculopathy. The treatment plan includes home exercise and therapy, Tylenol #3, Naprosyn, Prilosec and Lidoprocin ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 10/14/2009. The patient complains of low back pain with radiation plus numbness and tingling. On exam, there is limitations of ROM, but SLR is negative. The medical diagnoses include degenerative lumbar joint and disc disease with radiation. This review addresses a request for refills of Tylenol #3 60 tablets. This compounded analgesic contains acetaminophen and codeine, an opioid. This patient has become opioid dependent, exhibits some opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Tylenol #3 is not medically necessary.

One container of Lidoprocin ointment: Upheld

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

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

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to an industrial injury dated 10/14/2009. The patient complains of low back pain with radiation plus numbness and tingling. On exam, there is limitations of ROM, but SLR is negative. The medical diagnoses include degenerative lumbar joint and disc disease with radiation. This review addresses a request for Lidoprocin ointment. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidoprocin ointment contains capsaicin .000325g in 1g, Lidocaine HCl 0.04g in 1g, menthol 1g in 1g, methyl salicylate .275g in 1g. There have been no studies of a 0.0375% formulation of capsaicin. In its lower strength it may be of some benefit for diabetic neuropathy and post-mastectomy pain, neither of which this patient has. Lidocaine may be used for a localized peripheral pain, after a first-line agent has been tried and failed. This has not been documented. Menthol is not medically indicated to treat chronic pain. Methyl salicylate is an NSAID. NSAIDs are not medically indicated to treat chronic pain. This compounded topical ointment is not medically necessary.

