

Case Number:	CM15-0126774		
Date Assigned:	07/13/2015	Date of Injury:	02/27/2013
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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 27 year-old female who sustained an industrial injury on 02/27/13. She complained of low back pain and right shoulder pain. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar sprain, disorders of bursae and tendons in shoulder region, unspecified, and fibromyalgia. Treatments to date has included physical therapy, chiropractic care, acupuncture, trigger point injections, TENS unit, right shoulder injections, and pain medication management; neurontin was not sufficient in controlling her arm paresthesia, and she is not interested in having shoulder surgery. MRI of 03/26/15 demonstrated nerve impingement at the right L5, and left S1 levels. In a progress note dated 05/27/15, the injured worker complains of right shoulder pain, and low back pain with radiation down the bilateral lower extremities with numbness, and tingling. Physical examination was remarkable for positive bilateral straight leg raise, decreased sensation to bilateral feet, decreased bilateral ankle reflexes, and decreased dorsiflexion strength bilaterally. Lumbar spine has decreased range of motion with paraspinal trigger points, and she has clinical evidence of bilateral lumbosacral radiculopathy. She is not interested in taking narcotics. Treatment request includes Voltaren XR 100mg (unspecified quantity), and LidoPro ointment X2. The injured worker is under modified work restrictions. Date of Utilization Review: 06/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-71.

Decision rationale: The claimant sustained a work-related injury in February 2013 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar range of motion with trigger points. There was decreased right shoulder range of motion and strength. Voltaren XR 100 mg DAILY and Lidopro were prescribed. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain. Dosing of Voltaren-XR is 100 mg PO once daily for chronic maintenance therapy. The dose is within the guideline recommendation and the request was medically necessary.

Lidopro x 2 (unspecified dosage and quantity): Upheld

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

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-related injury in February 2013 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar range of motion with trigger points. There was decreased right shoulder range of motion and strength. Voltaren XR 100 mg daily and Lidopro were prescribed. 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. In this case, there are other single component topical treatments that could be considered. Lidopro was not medically necessary.