

Case Number:	CM15-0064409		
Date Assigned:	04/10/2015	Date of Injury:	07/25/2013
Decision Date:	06/05/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/06/2015

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

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 59 year old male, who sustained an industrial injury on July 25, 2013. The mechanism of injury was a fall from a truck. Treatment to date has included physical therapy, medications, and acupuncture. The documentation of 3/4/15 revealed that the injured worker complained of a painful right shoulder, right AC joint, left wrist, left hand, neck, ribs, left knee, face and his head has spasms. He reported pain associated with tenderness and swelling. The physical examination revealed abduction of 130/170. The injured worker was noted to have a history of stomach upset with NSAIDs which can cause gastritis and as such, lansoprazole was prescribed. His treatment plan includes Lansoprazole #60, LidoPro Topical Ointment, and Orphenadrine #60, and acupuncture therapy. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to provide a necessity for 8 sessions as 3 to 6 sessions are noted to be the time to produce functional improvement. The request as submitted failed to indicate the body part to be treated. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for 8 sessions of acupuncture is not medically necessary.

LANSOPRAZOLE 30MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had GI upset with NSAIDs. However, the documentation submitted for review failed to indicate the injured worker would be utilizing NSAIDs and as such, this medication is not medically appropriate. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lansoprazole 30 mg #60 is not medically necessary.

ORPHENADRINE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement with the use of the medication. There was a lack of documented rationale for the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the injured worker had acute low back pain. Given the above, the request for orphenadrine 100 mg #60 is not medically necessary.

LIDOPRO TOPICAL OINTMENT # 121GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesic, Topical Capsaicin, Lidocaine Page(s): 105, 111, 28, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=LidoPro>.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors as this medication has an increased formulation of capsaicin. Additionally, this medication would not be approved as no other commercially approved topical application of lidocaine with the exception of Lidoderm is approved. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for LidoPro topical ointment #121 gram is not medically necessary.