

Case Number:	CM15-0077034		
Date Assigned:	04/28/2015	Date of Injury:	10/26/2012
Decision Date:	05/26/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/22/2015

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 66 year old male who sustained an industrial injury on 10/26/12. He has reported initial complaints of slipping and falling on his knees and hands with pain in his hands, shoulders, knees and low back. The diagnoses have included lumbar strain, left shoulder strain, lumbar Herniated Nucleus Pulposus (HNP) with stenosis, lumbar radiculopathy, bilateral wrist hand arthralgia, bilateral knee chondromalacia patella, left shoulder bursitis and superior labral tear from anterior to posterior (SLAP). Treatment to date has included medications, diagnostics, activity modifications, acupuncture, chiropractic, pain management, pain med injections and home exercise program (HEP). The diagnostic testing that was performed included x-rays. The current medications included Prilosec, Voltaren, Flexeril, Gabapentin and Lidipro cream. Currently, as per the physician progress note dated 3/10/15, the injured worker complains of aching and burning pain in the low back with cramping and numbness. The pain radiates with numbness and cramping into the bilateral lower extremities and feet. He reports the use of a lumbar corset when lifting and that all his symptoms are on the left. He reports problems with sleeping and standing due to pain. The objective findings revealed gait is slow and antalgic with walking stooped over, tenderness and spasms in the lumbar area, lumbar range of motion was decreased; there was decreased sensation, positive straight leg raise on the left and positive slump test on the left. The physician noted that the injured worker has declined surgery. It was noted that the injured worker was provided with Flexeril for spasms and a trial of topical Lidipro cream to reduce his radicular complaints. The physician requested treatment included Flexeril 7.5mg quantity 90 and Lidopro Cream quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, medications included Flexeril and LidoPro. He had increased pain rated at 10/10. There was .a slow gait and poor posture. There was lumbar paraspinal muscle tenderness with spasms. There was positive straight leg raising on the left with decreased strength and sensation. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and the medication appears ineffective. It was therefore not medically necessary.

Lidopro Cream quantity 1: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for radiating low back pain. When seen, medications included Flexeril and LidoPro. He had increased pain rated at 10/10. There was .a slow gait and poor posture. There was lumbar paraspinal muscle tenderness with spasms. There was positive straight leg raising on the left with decreased strength and sensation. 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. However, 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. Additionally, the medication appears ineffective. Therefore, LidoPro was not medically necessary.