

Case Number:	CM15-0092197		
Date Assigned:	05/18/2015	Date of Injury:	09/14/2005
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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 was a 59 year old male, who sustained an industrial injury, September 14, 2005. The injured worker previously received the following treatments Gabapentin, Tramadol, Fenoprofen, Prilosec, Ketoprofen, Naproxen, home exercise program, lumbar spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities and status post laminectomy and discectomy. The injured worker was diagnosed with post-laminectomy syndrome of the lumbar region, lumbar radiculopathy, long-term use of medications, and encounter for therapeutic drug monitoring. According to progress note of April 18, 2015, the injured workers chief complaint was lower back pain with radiation into the left calf; which was controlled by pain medications. The pain without pain medications was 8-10 out of 10 and with pain medication 4 out of 10. Without pain medication the injured worker would not be able to work, the medication reduces the pain by at least 50%. The injured worker was working as a supervisor in a lumber yard spending most of the day on the feet. The physical exam noted bilateral tenderness and spasms of the L3-L5 paraspinal muscles. There was decrease range of motion of the lumbar spine. There was pain with palpation of the S1 joint. There was positive left Faber sign. There was bilateral S1 right greater than the left pain with S1 compression. There was decreased sensation with pin prick to the left lateral leg and positive sciatica on the right. The straight leg raises were positive on the left. The treatment plan included prescriptions for Exoten-C-lotion and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten C Lotion 120 gm Qty 2: 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 Topical Analgesics, pages 111-113.

Decision rationale: Exoten-C lotion has manufacturing compound topical ingredients to include 20% methyl salicylate, 10% menthol, and 0.002% capsaicin. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The Exoten C Lotion 120 gm Qty 2 is not medically necessary and appropriate.

Lidocaine patches Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine patches Qty 30 is not medically necessary and appropriate.