

Case Number:	CM15-0092530		
Date Assigned:	05/18/2015	Date of Injury:	10/10/2009
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69-year-old female sustained an industrial injury to the back on 10/10/09. Recent treatment included transcutaneous electrical nerve stimulator unit, heat therapy, home exercise and medications. In a PR-2 dated 3/27/15, the injured worker complained of low back pain, rated 7-8/10 on the visual analog scale, associated with right lower extremity tingling and numbness. Physical exam was remarkable for tenderness to palpation over the lumbar spine par musculature with spasms and decreased flexion. The injured worker ambulated using a straight cane. Current diagnoses included lumbar spine sprain/strain, thoracic spine sprain/strain and myofascial pain. The treatment plan included continuing home exercises, transcutaneous electrical nerve stimulator unit, and a prescription for Norco and Lidoderm patches. Transcutaneous electrical nerve stimulator unit patches and Lidopro were dispensed during the office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Topical Lidopro Patches 5%, apply one to two 12h on 12h off; dispensed on 03/27/2015 quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro patch 5% apply 1 to 2 patches 12 hours on and 12 hours off dispense March 27, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; thoracic sprain/strain; and myofascial pain. The injured worker has a history of chronic low back pain. According to a progress note dated March 27, 2015, the injured worker complains of low back pain 7-8/10. Objectively, there is tenderness to help patient with decreased range of motion. Injured workers engaged in a home exercise program and uses a TENS unit. There is no documentation of neuropathic symptoms or signs in the medical record. There is no clinical rationale for topical analgesics in the medical record. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants prior to starting Lidopro patches. Lidopro contains Capsaicin 0.0375%. There is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (Capsaicin 0.0375%) that is not recommended is not recommended. Consequently, Lidopro patch 5% is not recommended. Based on the clinical information in the medical record, but peer-reviewed evidence-based guidelines, lack of documentation of failed first-line treatment, lack of neuropathic symptoms and signs, Lidopro patch 5% apply 1 to 2 patches 12 hours on and 12 hours off dispense March 27, 2015 is not medically necessary.

Durable medical equipment tens unit electrodes times four pairs dispensed on 03-27-2015 quantity: 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS electrode times #4 pairs, quantity #4 dispense date March 27, 2015 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; thoracic sprain/strain; and myofascial pain. The injured worker has a history of chronic low back pain. According to a progress note dated March 27, 2015, the injured worker complains of low back pain 7-8/10. Objectively, there is tenderness with decreased range of motion. Injured worker is engaged in a home exercise program and uses a TENS unit. There is no documentation of neuropathic symptoms or signs in the medical record. There is no documentation in the medical record of ongoing objective functional improvement with TENS use. The documentation indicates the injured workers engaged in a home exercise program and TENS use. The guidelines recommend ongoing documentation indicating objective functional improvement. Additionally, there are no short or long-term goals set out regarding TENS use. Consequently, absent clinical documentation with ongoing objective functional improvement with TENS, TENS electrodes times #4 pairs, quantity #4 dispense date March 27, 2015 is not medically necessary.

Medication-Topical Lidopro Ointment, 121g: dispensed on 03/27/2015 quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro ointment #121grams dispense date March 27, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They 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. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; thoracic sprain/strain; and myofascial pain.

The injured worker has a history of chronic low back pain. According to a progress note dated March 27, 2015, the injured worker complains of low back pain 7-8/10. Objectively, there is tenderness to help patient with decreased range of motion. Injured worker is engaged in a home exercise program and uses a TENS unit. There is no documentation of neuropathic symptoms or signs in the medical record. There is no clinical rationale for topical analgesics in the medical record. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants prior to starting Lidopro ointment. Lidopro contains Capsaisin 0.0375%. There is no current indication that an increase over 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, Lidopro ointment is not recommended. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, lack of documentation of failed first-line treatment, lack of neuropathic symptoms and signs, Lidopro ointment #121grams dispense date March 27, 2015 is not medically necessary.