

Case Number:	CM13-0010755		
Date Assigned:	09/20/2013	Date of Injury:	09/25/2000
Decision Date:	01/15/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old female with a date of injury of 9/25/2000. Under consideration are prospective requests for one prescription of meprazole, one prescription of ibuprofen 800mg, one prescription of Lidoderm 5% and one prescription of Condrolite. The 6/17/13 primary treating physician progress report 2 indicates the following : the patient complains of neck pain with rotation of both shoulders along with headaches. She complains of low back pain with bilateral sciatica, left to the calf, right to the knee, and interscapular back pain. Objective findings: she is tender over the posterior neck and medial angle of both scapulas, examination of the low back pressure over right wall iliolumbar angle causes radicular pain to the right knee. Examination of her knees: there is no swelling, she is tender over mediolateral joint lines and is stable to valgus and varus stress at 30 degrees flexion. Diagnoses: 1) cervical trapezial,sprain/strain; 2) Discogenic disease of low back with bilateral sciatica left greater than right; 3) knee sprain, bilaterally; 4) Fibromyalgia. The plan at this visit included renewing patients medications which were: Condrolite; Lidoderm Patch; Ibuprofen,Omeprazole and follow up in 3 months. The Primary treating physician progress note on 9/16/13 states that patient "complains of neck pain with radiation down both shoulders with recurrent headaches into low back pain with bilateral sciatica left to her right to her knee." Examination of low back demonstrates some pressure over the right iliolumbar ankle and she has radicular pain down her right lower extremity to her knee examination of her neck is tender over the posterior cervical spine and C (illegible) and the medial angle of both. Diagnoses are cervical sprain/strain, discogenic disease of her low back and bilateral sciatica left greater than right, and fibromyalgia which has been evaluated and treated by a rheumatologist. Treatment plan is Ibuprofen 800mg, Lidoderm Pa

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Omeprazole between 6/17/2013 and 9/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The MTUS guidelines indicate that a determination must be made as to whether the patient is at risk for gastrointestinal (GI) events, based on age, history of peptic ulcer or GI bleeding, concurrent use of anticoagulants and use of high-dose nonsteroidal anti-inflammatory drugs (NSAIDs). According to the medical records provided for review, the employee has no clear risk factors for GI events. The request for unknown prescription of Omeprazole between 6/17/2013 and 9/8/2013 is not medically necessary and appropriate.

One prescription of Ibuprofen 800mg between 6/17/2013 and 9/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 70-73.

Decision rationale: The MTUS guidelines indicate that Ibuprofen is recommended as a second-line treatment after acetaminophen. There is no documentation provided that the employee has tried acetaminophen. Additionally, the MTUS guidelines indicate that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the documentation provided, there is no evidence that this employee has osteoarthritis (including knee and hip) and the employee has been on anti-inflammatories in the past (i.e., Celebrex) and has had no significant change in functional status. There is no clear indication in the documentation of exactly what the Ibuprofen 800mg is being prescribed for, nor does it indicate at what frequency. The request for one prescription of Ibuprofen 800mg between 6/17/2013 and 9/8/2013 is not medically necessary and appropriate.

Unknown prescription of Condrolite between 6/17/2013 and 9/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 37-38, 50, & 63.

Decision rationale: Condrolite is a medical nutritional supplement consisting of a combination of Glucosamine sulfate 500mg, Chondroitin sulfate 200mg and methylsulfonylmethane (MSM) 150mg. The MTUS guidelines indicate that Glucosamine and Chondroitin sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. According to the medical records provided, the employee has a diagnosis of knee sprain and no documentation of radiographic evidence of knee osteoarthritis. Additionally, the MTUS guidelines indicate that MSM is recommended as a topical agent used in complex regional pain syndrome (CRPS) or regional inflammatory reactions. Due to the fact that MSM is present in conjunction with chondroitin and glucosamine and that the employee does not have CRPS or an inflammatory joint disease, MSM is not medically necessary. The request for unknown prescription of Condrolite between 6/17/2013 and 9/8/2013 is not medically necessary and appropriate.

One prescription of Lidoderm patches 5% between 6/17/2013 and 9/8/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS guidelines indicate that Lidocaine is indicated for neuropathic pain, for localized peripheral pain after there has been evidence of a trial of first-line therapy (i.e., tri-cyclic or serotonin norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is no evidence in the documents submitted for review that the employee has had a trial of a first-line therapy (i.e., tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The request for one prescription of Lidoderm patches 5% between 6/17/2013 and 9/8/2013 is not medically necessary and appropriate.