

Case Number:	CM13-0038826		
Date Assigned:	12/18/2013	Date of Injury:	09/18/2009
Decision Date:	04/03/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 and Pain Management, has a subspecialty in Interventional Spine, 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 78-year-old male with a date of injury of 09/18/2009. The listed diagnoses per [REDACTED] dated 09/10/2013 are: (1) Severe degenerative disc disease at L5 to S1, (2) Severe stenosis at L5-S1, (3) Facet arthropathy of the lumbar spine, (4) Lumbar radiculopathy, (5) Status post left shoulder surgery dated 03/18/2013. According to the report dated 09/10/2013, the patient presents with neck and mid and low back pain. He currently rates his pain as a 10/10 on the pain scale without medications. He states the medications decreases pain by "30% to 40%". The patient continues having bilateral lower extremity numbness and tingling left greater than right and also notes increase in spasms. In regard to medication, the report notes that he is currently taking Duragesic, Percocet, ibuprofen, Zanaflex, omeprazole, and Senna. The patient states the medications significantly decreases pain and improve his function. It was noted that patient walks longer distances with the medications, allow him to perform a home exercise program and increased ADLs such as cooking and cleaning around the house. Blood work, urine toxicology, and CURES report were all consistent and within normal range

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111.

Decision rationale: This employee presents with neck and back pain. The treating physician is requesting LidoPro topical ointment. LidoPro is a topical formulation containing capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS guidelines allow capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. Lidocaine is recommended for peripheral pain after there has been a trial of first line therapy such as tricyclic, SNRI, antidepressant, or anti-epileptic drugs (AED). The MTUS Guidelines under topical agents page 111 states, "It is largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In this case, the treating physician does not discuss that there has been a trial of tricyclic, SNRI, antidepressant, or an AED. In addition, MTUS guidelines allow for the use of topical NSAIDs for peripheral joint arthritis and tendinitis. None of the diagnoses provided fit the description of peripheral joint arthritis and tendinitis. The requested LidoPro topical ointment is not medically necessary and recommendation is for denial.

Omeprazole 20 mg, QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI and cardiovascular risk.

Decision rationale: This employee presents with neck and back pain. The treating physician is requesting omeprazole 20 mg #30. Utilization review dated 09/26/2013 denied request stating there is lack of documentation of significant gastrointestinal complaints or GERD. The MTUS Guidelines indicate omeprazole is recommended with precautions as indicated below. Clinician should weigh the indications for NSAIDs against both GI and cardiovascular risks factors to determine if the patient is at risk for gastrointestinal events: (1) Ages greater than 65 years, (2) History of peptic ulcer, GI bleeding, or perforation, (3) Concurrent use of ASA, corticosteroids, and/or anticoagulant, (4) High dose/multiple NSAIDs. In this case, the employee is noted to be 75 years old and taking ibuprofen 600 mg 2 times per day. Treating physician states the omeprazole is needed for "gastric protection," but does not describe that the employee has any problems with Ibuprofen as prescribed. There is no discussion of the patient's GI risk stratification as required by the guidelines. As such, the request for omeprazole 20 mg, QTY: 30.00 is non-certified.

Docusate/Sennosides 50/8.6 mg, QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Initiating Therapy Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, constipation.

Decision rationale: This employee presents with neck and back pain. The treating physician is requesting docusate 50 mg #60. The MTUS Guidelines discuss prophylactic medication for constipation when opiates are used. In this case, the employee is noted to be taking Percocet. The requested docusate is medically necessary and recommendation is for approval.

Duragesic 75 mcg, QTY: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids.

Decision rationale: The employee presents with neck and back pain. The treating physician is requesting Duragesic 75 mg #15. Utilization review dated 09/26/2013 modified certification from #15 to #7 for weaning purposes. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior is required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medications, etc. In this case, Percocet has been authorized for the treatment of employee's chronic pain. The treating physician does not discuss why 2 opiates are necessary. The requested Duragesic is not medically necessary and recommendation is for denial.

Percocet 10/325 mg, QTY: 90.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): s 88-89.

Decision rationale: This employee presents with neck and back pain. The treating physician is requesting Percocet 10/325 mg #90. Utilization review dated 09/26/2013 modified certification from #90 to #45 for weaning purposes. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, is required. Furthermore under outcome measures, it also recommends documentation of current pain, average pain, least pain, and the time it takes for medication to work, duration of pain relief with medications, etc. In this case, report dated 09/10/2013 indicates that medications reduced the employee's pain by 30% to 40 %. It was also noted that the employee's medications "significantly decrease the pain and improve function. The

employee is able to walk longer distances and performed a home exercise program. The employee has increased ADLs such as cooking and cleaning around the house." The treating physician in his reports dated from 04/08/2013 to 09/10/2013 documents the efficacy and increase in functioning levels with the use of this medication. The requested Percocet is medically necessary and recommendation is for approval.

Zanaflex 4 mg, QTY: 70.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle Relaxants (for pain) Page(s): s 60-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This employee presents with neck and back pain. The treating physician is requesting Zanaflex 4 mg #70. The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. Given the employee's chronic low back pain recommendation is for authorization.