

Case Number:	CM13-0048479		
Date Assigned:	04/25/2014	Date of Injury:	04/20/2011
Decision Date:	07/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 56 year old female who was injured on 4/20/2011. The diagnoses are lumbar stenosis, post lumbar laminectomy and fusion syndrome and lumbar facet syndrome. On 4/11/2014, the physician noted that the patient reported subjective complaints of low back pain radiating to the lower extremities associated with tingling, numbness and limbs weakness. The objective findings were ambulating with a walking cane, positive straight leg raising signs and muscle weakness. In 2012, the NCV / EMG was significant for bilateral for bilateral L5-S1 radiculopathy. The MRI showed L5 on S1 spondylolisthesis, degenerative disc disease and facet arthropathy. The medications listed are Norco, Anaprox, Terocin and Flurbi (NAP) cream for pain, Ambien for sleep, Zanaflex for muscle spasm and omeprazole for the prevention and treatment of NSAID induced gastritis. A Utilization Review decision was rendered 11/4/2013 recommending non certification for topical Terocin 240ml, Flurbi (NAP)cream-LA 180mg,omeprazole 20mg #60, Anaprox 550mg #120 and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN 240 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESISC Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesics preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when first line medications cannot be tolerated or have failed. The guideline recommend that topical medications be tried and evaluated individually for efficacy. The Terocin preparation contains menthol 10%, lidocaine 2.5%, capsaicin 0.025% and methyl salicylate 25%. The guideline does not recommend compound topical preparations that contain products with no FDA approved topical indications such as menthol.

FLURBI (NAP) CREAM-LA 180 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical preparations are indicated when patient have failed or cannot tolerate treatment with first line oral medications. The Flurbi(NAP) cream - LA contains flurbiprofen, amitriptyline and lidocaine. The guideline recommend that topical medications be tried and evaluated individually for efficacy. Evidence based medical guidelines do not support the use of compounded topical preparations. The use of amitriptyline is currently approved for oral use in the treatment of neuropathic pain.

OMEPRAZOLE 20 MG (#60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors for the prevention of NSAID induced gastrointestinal complications. The incidence of these complications are increased in patients who are more than 65 years old or have a history of peptic ulcer disease or GI bleed. The guideline recommends that the use of NSAIDs should be limited to the lowest effective dose for the shortest period to decrease the occurrence of adverse effects. The record did not show the presence of risk factors for the development of NSAID induced adverse gastrointestinal effects. The indication for the use of omeprazole was not met.

ANAPROX 550 MG (#120): Upheld

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

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

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to adverse cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and periods of exacerbation of chronic pain. The patient should be periodically evaluated for the presence of these adverse effects. The patient had been utilizing NSAID for more than 1 year. The modified certification for monthly prescriptions of Anaprox 550mg #120 to #60 to enable periodic clinic evaluations is within the guideline.