

Case Number:	CM13-0060343		
Date Assigned:	12/30/2013	Date of Injury:	12/11/2002
Decision Date:	04/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Rehabilitation, 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 50-year-old male with a date of injury of 12/11/2002. The listed diagnoses per [REDACTED] dated 11/01/2013 are: 1. L4-L5 lumbar DDD. 2. Lumbar facet syndrome. 3. L2-L3 disk protrusion. 4. Left L3-L4 eccentric disk osteophyte complex causing central canal narrowing. 5. L4-L5 right paracentral disk protrusion with mass effect on the right L5 nerve root. 6. Left osteophyte complex causing left L5-S1. 7. T9 hemangioma. 8. Status post T9 kyphoplasty on 2012, [REDACTED]. According to progress report dated 11/01/2013 by [REDACTED], the patient presents with thoracic/rib pain, low back pain, and neck pain. He is still working and is able to function using the short-acting morphine. He is stating that he is not doing well and is feeling about 80% worse. He is currently using Flector patches and Anaprox. There is no new numbness, tingling, or weakness reported. He states that his pain is a 7/10. Physical examination shows the patient is alert and cooperative. PHQ-9 score is 5/30 indicating minimal depressive symptoms, tenderness to palpation over bilateral lower thoracic and upper lumbar paraspinals are present. Straight leg raise on the right causes low back pain. Straight leg raise on the left is positive with pain radiation, 4+/5 left ankle dorsiflexors and evertors. Pain is limited 5-/5 on the right, 5-/5 left knee flexors and extensors. The treater is requesting Protonix 20 mg, Flector patch, Terocin topical solution, and Fexmid 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg quantity: thirty: 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: This patient presents with chronic thoracic, low back, and neck pain. The treater is requesting a refill of Protonix 20 mg. Utilization review dated 11/18/2013 modified the request for Protonix given that the patient is currently being prescribed NSAIDS which carries an inherent risk of subsequent GI issues. Review of report shows that the patient has been taking Protonix since 04/17/2013. Progress report dated 04/17/2013 by [REDACTED] notes that "the patient should take Protonix 20 mg while he is on Anaprox. The patient has had increased nausea recently." Protonix is a group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. It is used to treat erosive esophagitis and other conditions involving excess stomach acid such as Zollinger-Ellison syndrome. MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1) Ages greater than 55, 2) History of peptic ulcer disease or GI bleeding or perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High-dose multiple NSAIDS. The treater prescribed the medication in conjunction with his antiinflammatory medication to prevent stomach irritation. However, this patient does not present with any significant GI risk factors and currently reports no gastric side-effects. The patient reports nausea but this is non-specific. A routine use of prophylaxis with PPI is not recommended.

Flector 1.3% patches q. 12h. prn (box): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams; Topical Analgesics Page(s): 60; 111-113.

Decision rationale: This patient presents with chronic thoracic/rib, low back, and neck pain. The treater is requesting a refill for Flector patches. Utilization review dated 11/18/2013 denied the request stating that it is only recommended as an option in patients who have not responded or are intolerant of other treatments. MTUS Guidelines page 111-113 state that topical NSAIDS are recommended for peripheral joint osteoarthritis/tendinitis type of problems. MTUS page 60 also mentions that pain assessment and functional changes must be noted when medications are used for chronic pain. Reports show that the patient has been prescribed Flector patches since 01/03/2013 without a single mention of efficacy in terms of pain relief and functional improvement. The patient does not present with peripheral joint arthritis/tendinitis. Recommendation is for denial.

Terocin topical solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

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

Decision rationale: This patient presents with chronic thoracic/rib, low back, and neck pain. The treater is requesting a refill for Terocin topical solution. Utilization review dated 11/18/2013 denied the request stating that available clinical information does not document intolerance to other treatments. Terocin topical solution such as lotion contains Salicylate, Capsaicin and Lidocaine. MTUS Guidelines page 112 states for topical lidocaine, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or NSRI antidepressant or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS further states that in compounded solutions, if one component is not approved, then the entire compound is not approved. In this case, Terocin lotion contains Lidoderm which is only supported in a patch form. It also contains Salicylate which is only indicated for peripheral joint arthritis/tendinitis which this patient does not suffer from. Recommendation is for denial.

Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: This patient presents with chronic thoracic/rib, low back, and neck pain. The treater is requesting refill for Fexmid a muscle relaxant. Utilization review dated 11/18/2013 denied the request stating that "cyclobenzaprine is recommended as an option using a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." MTUS Guidelines page 64 recommends Fexmid, otherwise, known as cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. Progress report dated 11/01/2013 does not document any physical examination showing myospasms or breakthrough myospasms. It is also not recommended for a long-term use and the treater does not indicate that this is to be used for short-term and for what reason. Therefore, recommendation is for denial.