MAXIMUS Federal Services

Case Number:	CM13-0063158		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2010
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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:

This is a 60-year-old male patient with a date of injury 12/20/2010. The mechanism of injury was not provided. The injuries involved were to the head, lower back and bilateral hips. The diagnoses were chronic low back pain, right hip fracture, status post bipolar endoprosthesis, depression, anxiety, insomnia, and axial neck pain. Conservative care has consisted of right total hip replacement, medication management, diagnostics, physical therapy, TENS unit, and aqua therapy. On 10/08/2013, the patient presented complaining of constant neck and low back pain and rated it 10/10 on the VAS. The patient was using methadone which helped to decrease the pain 7/10. Neck pain noted radiating to the head resulting in headaches. The patient also was noted to have had spasms, numbness and tingling in the lower back. Other medication used was gabapentin to control the level of numbness and tingling which was helpful. Objective findings were that the patient was found to be tired and had limited movement of the neck due to pain. There was tenderness of the lumbar paraspinous muscles and the patient ambulated with a cane. The treatment plan was to include gabapentin 600 mg for neuropathic pain and Protonix 20 mg to treat stomach upset from taking medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROTONIX 20MG QTY 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The CA MTUS Guidelines state "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 Î¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The request for 60 Protonix 20 mg is certified. Although there was no documentation indicating that the patient is taking NSAIDs, it is noted that the patient does have a history of stomach ulcers. California MTUS Guidelines state that Protonix is recommended for patients with intermediate risk for gastrointestinal upset. Given that the patient does have a history of stomach ulcers, the request is certified.

LIDOPRO CREAM: Upheld

Claims Administrator 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), TOPICAL ANALGESICS

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

Decision rationale: The CA MTUS Guidelines state "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin,...). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for LidoPro cream is non-certified. Objective findings were that the patient had limited movement of the neck due to pain and tenderness over the lumbar paraspinous muscles. The California MTUS Guidelines do state that topical analgesics are largely experimental in use and primarily recommended for neuropathic pain. Also, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given that guidelines do not recommend topical analgesic creams and the patient is prescribed Gabapentin for neuropathic pain control, the request is non-certified.

TEROCIN PATCHES: Upheld

Claims Administrator 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), TOPICAL ANALGESICS

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

Decision rationale: The CA MTUS Guidelines state "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin,...). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for Terocin patches is non-certified. On 10/08/2013, the patient did present with neck pain and tenderness over the lumbar paraspinous muscles and with a history of chronic low back pain. The California MTUS Guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain. Also, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Given that the Terocin patches are not recommended per guidelines, the request is non-certified.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The CA MTUS Guidelines state "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Urinalysis is recommended to assess the presence of illicit drugs and/or to determine patient's medication compliance per Guidelines. There was no documentation to indicate concerns over patient use of illicit drugs. As such, the request is non-certified.