

<b>Case Number:</b>	CM14-0006636		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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 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 41-year-old male who has filed a claim for lumbosacral spine herniated intervertebral disc with left lower extremity radiculopathy associated with an industrial injury date of August 10, 2009. A review of progress notes indicates stiffness, weakness, and increased pain in the lumbar spine and left knee. Findings include tenderness, spasms, and decreased range of motion of the lumbar spine and left knee. The patient has a mildly antalgic gait. MRI of the right knee dated April 16, 2013 showed suprapatellar synovial hypertrophy, joint effusion, and intrasubstance degeneration versus intrasubstance tear of the ACL. MRI of the lumbar spine dated May 14, 2012 showed L4-5 and L5-S1 disc protrusion, degenerative dehiscence of the nucleus pulposus, annular tear, and mild hypertrophy of the articular facets. The treatment to date has included NSAIDs, opioids, and left knee surgery in August 2012. Utilization review from January 02, 2014 denied the requests for Hydrocodone 5-500mg #60 as there is no documentation of ongoing pain assessment, appropriate use, and measurable efficacy; Prilosec 20mg #60 as there is no documentation of GI complaints or pathology; ibuprofen 800mg #90 as there is no documentation regarding evidence of measurable benefit; and Gabapentin/Ketoprofen/Capsaicin as not all components are supported for topical use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 5-5000MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least May 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation regarding periodic urine drug screens. Therefore, the request for Hydrocodone 5-500mg #60 was not medically necessary.

**PRILOSEC 20MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since May 2013. There is no documentation regarding the above-mentioned risk factors in this patient. Therefore, the request for Prilosec 20mg #60 was not medically necessary.

**IBUPROFEN 800MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since July 2013. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Ibuprofen 800mg #90 was not medically necessary.

**GABA/KETO/CAP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical and Topical Analgesics Page(s): 28-29: 111-113.

**Decision rationale:** As noted on page 111-113 of the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. Gabapentin is not recommended for use as a topical analgesic. Regarding the Capsaicin component, California MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Gaba/Keto/Cap was not medically necessary.