

Case Number:	CM14-0108743		
Date Assigned:	08/01/2014	Date of Injury:	09/28/2012
Decision Date:	09/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 35-year-old female with a reported date of injury on 09/28/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lower leg pain and sciatica. Her previous treatments were noted to include epidural steroid injection and medication. The progress note dated 06/09/2014 revealed the injured worker indicated she continued to have chronic pain in the neck, mid back, and lower back with pain extending down the right and left lower extremities with pain extending into the right left groin. The injured worker indicated the pain was an 8.5/10 and was brought on with activities such as bending, lifting, twisting, prolonged sitting, getting out of cars, walking, coughing, and lying flat. The injured worker indicated she was still having pain in her lower back which was unchanged from the previous evaluation; however, it was noted the injured worker indicated her pain assessments from 03/12/2014 was 8/10 to 9/10. The physical examination revealed tenderness to touch to the neck, mid and low back. There was decreased range of motion to the lumbar spine secondary to pain. Sensation was intact over all dermatomes in the upper and lower extremities and reflexes were 1+ and bilaterally symmetric. The request for authorization form was not submitted within the medical records. The request was for omeprazole 20 mg #60 to be used prophylactically with NSAIDs, cyclobenzaprine 7.5 mg #30 for muscle spasms, Norco 10/325 mg #60 for pain, and LidoPro ointment for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 78 Page(s): page 78.

Decision rationale: The request for omeprazole 20 mg #60 is non-certified. The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines recommend for clinicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirins, corticosteroids, and/or an anticoagulant or high dose/multiple NSAIDs. The injured worker was started on naproxen; however, there was a lack of documentation regarding gastrointestinal events to warrant omeprazole. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 63 Page(s): 63..

Decision rationale: The request for cyclobenzaprine 7.5 mg #30 is non-certified. The injured worker complained of low back pain with radiating pain to her bilateral legs. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use in some medications in this class may lead to dependence. Sedation is most commonly reported as first effect of muscle relaxant medications. There is a lack of documentation regarding muscle spasms to warrant cyclobenzaprine. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78..

Decision rationale: The request for Norco 10/326 mg #60 is non-certified. The injured worker has been utilizing this medication for back pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state "4 A's" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain a numerical scale with the use of medications. There is a lack of improved functional status with regards to activities of daily living with the use of medications. The documentation provided indicated there may be possible side effects with utilization of this medication. There is lack of documentation as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.

Lidopro Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; Lidopro; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): pages 111-112.

Decision rationale: The request for LidoPro ointment is non-certified. The injured worker complains of low back pain. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indications for lidocaine is for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of dermal patch (Lidoderm) has been designated orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation regarding efficacy of this medication and additionally the guidelines do not recommend any formulation of lidocaine other than the Lidoderm patch which has been designated for orphan status by the FDA. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.