

Case Number:	CM14-0014286		
Date Assigned:	02/26/2014	Date of Injury:	07/04/2005
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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, 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 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 54 year old with an injury date of 7/7/05. Based on the 1/9/14 progress report provided by [REDACTED] the diagnoses are post-laminectomy syndrome, chronic pain syndrome, history of L5-S1 lumbar laminectomy and fusion, left lower extremity radiculopathy, and myofascial pain. Exam on 1/9/14 showed minimal paraspinal spasms in the lower lumbar spine. The patient has a slight flexed forward posture, and fear avoidance during exam. The patient ambulates with front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN EC 500 MG BY MOUTH TWICE A DAY #60/30 DAY WITH 4 REFILLS:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 70

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Chapter 10), pages 120-121.

Decision rationale: On 10/2/07, the patient had severe back pain and could not be examined due to inability to sit on the exam table. The patient has been taking Prozac, Prilosec, and Lyrica since at least 10/2/07. On 8/8/13, the patient was denied all medications, but discontinuation of Lyrica caused no increase in pain. On 11/7/13, the patient was attending the gym and doing swimming exercises. On 1/9/14, the patient states that standing and walking still bother him, and he is ambulating with a walker. The patient has no history of taking Naproxen. Regarding NSAIDS, the MTUS recommends usage for osteoarthritis at the lowest dose for the shortest period for acute exacerbations of chronic back pain as second line to acetaminophen, and for chronic low back pain for short term symptomatic relief. The patient presents with chronic back pain, for which Naproxen is indicated. As such, the request is medically necessary.

SALONPAS PATCHES 1 PATCH 4 TIMES/DAY AS NEEDED #30 WITH 4 REFILLS:
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 MTUS Chronic Pain Medical Treatment Guidelines, Topical Medicine: pg 111-113

Decision rationale: On 10/2/07, the patient had severe back pain and could not be examined due to inability to sit on exam table. On 11/7/13, the treating physician wanted to prescribe Salonpas to replace Lidoderm patches, as they were denied by insurance. On 1/9/14, the patient stated that activities of daily living are still difficult, as standing and walking still bother him and he is ambulating with a walker. Salonpas contains methyl salicylate, which is recommended by MTUS for peripheral joint arthritis/tendinitis. It is not, however, indicated for spinal chronic pain. As such, the request is not medically necessary.

NEXIUM 20 MG 2 TABS BY MOUTH DAILY TO TAPER #60 WITH 4 REFILLS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 67-68

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pg 68-69.

Decision rationale: The patient has been taking Prilosec since at least 10/2/07 due to stomach upset from medications. On 11/7/13, the treating physician planned to taper off Nexium: two tabs a day for the first month, one tab a day thereafter, ending in discontinuation after three months. The Official Disability Guidelines recommend proton pump inhibitors (PPIs) for patients at risk for gastrointestinal events. The MTUS does not recommend routine prophylactic use of PPIs along with NSAIDs, and GI risk assessment must be provided. In this case, the patient has been taking PPIs since 2007, is not taking NSAIDs, and has no evidence of cardiovascular risk. The

treating physician has a plan to wean the patient off Nexium in near future. This medication does not require a prolonged weaning process. As such, the request is not medically necessary.

PROZAC 60 MG ONE TAB BY MOUTH DAILY #30/30 DAY WITH 4 REFILLS:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN , 107

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain, pg 13-16.

Decision rationale: On 10/2/07, the patient had severe back pain and could not be examined due to the inability to sit on the exam table. The patient has been taking Prozac, Prilosec, and Lyrica since at least 10/2/07. A 1/8/08 report states that the patient has had good improvement with depressive symptoms since taking Prozac. On 8/8/13, the patient was denied all medications, but discontinuation of Lyrica caused no increase in pain. On 11/7/13, the patient was attending the gym and doing swimming exercises. On 1/9/14, the patient stated that standing and walking still bother him, and he is ambulating with a walker. The MTUS recommends antidepressants for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The patient has seen some improvement in function since taking Prozac. Prozac is within MTUS guidelines for the patient's condition. As such, the request is medically necessary.

THERAMCARE PATCHES 1 TO LOW BACK DAILY #30 WITH 4 REFILLS:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines has the following regarding continuous-flow cryotherapy: Not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain. (Hubbard, 2004) (Wilke, 2003) (Stockle, 1995).

Decision rationale: This patient presents with persistent lower back pain and numbness in the buttocks that radiates to the bilateral lower extremities. The treating physician has asked for Thermacare patches as the patient has reported increased pain in cold weather. On 10/2/07, the patient had severe back pain and could not be examined due to the inability to sit on the exam table. The patient has been taking Prozac, Prilosec, and Lyrica since at least 10/2/07. On 8/8/13, the patient was denied all medications, but discontinuation of Lyrica caused no increase in pain.

On 11/7/13, the patient was attending the gym and doing swimming exercises. On 1/9/14, the patient still had difficulty with activities of daily living, as standing and walking still bother him. The Official Disability Guidelines recommend heat therapy as an option for treating low back pain, particularly in conjunction with exercise. Thermacare patches are a reasonable treatment for the patient's chronic back pain. As such, the request is medically necessary.