

Case Number:	CM14-0111203		
Date Assigned:	08/13/2014	Date of Injury:	01/15/2010
Decision Date:	09/18/2014	UR Denial Date:	07/02/2014
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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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:

The injured worker is a 41-year-old female with a reported date of injury on 01/16/2010. The mechanism of injury was noted to be due to a twist and fall. Her diagnoses were noted to include lumbar musculoligamentous injury, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis/radiculopathy of the lower extremities, and sacroiliitis of the bilateral sacroiliac joint. Her previous treatments were noted to include physical therapy, chiropractic manipulation, and medications. The progress note dated 05/29/2014 revealed the injured worker complained of moderate to severe lower back pain associated with severe muscle spasms and progressive limited range of motion to the lumbar spine. The injured worker rated her pain at 8/10 most of the time with flare ups reaching 8/10. The injured worker also experienced radiating pain to the bilateral legs associated with tingling and numbness as well as weakness. The injured worker complained of pain over the bilateral buttock with associated numbness and tingling and pain that radiated to the bilateral buttock down the posterior and lateral aspect of the bilateral thigh that was increasing in severity and intensity. The provider reported after his physical examination he concluded the injured worker was suffering from multiple lumbar disc herniations with signs and symptoms of radiculitis/radiculopathy of the lower extremities progressing in nature, matching dermatomal distribution correlated with the positive MRI findings. The provider indicated the injured worker was also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. The provider reported the lumbar paraspinal muscles had been noticed on deep palpation with severe guarding associated with the reproduction of pain at level 8/10 during the examination. The deep palpation over the lumbar spinous process at levels L3, L4, and L5 reproduced severe pain radiating to the corresponding dermatome in the bilateral legs.

The provider indicated the compound creams were to decrease the usage of narcotics and the injured worker could not tolerate the intake of tablets to prevent gastric ulcer. The Request for Authorization form was not submitted within the medical records. The request was for Prevacid 30 mg for 6 months for prevention of gastric ulcer, Duragesic patch 75 mcg for 6 months; however, the provider's rationale was not submitted in the medical records. The request was for a compound cream 180 gm for 6 months to reduce narcotic intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30 mg for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Proton Pump Inhibitors Mosby's drug consult.

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

Decision rationale: The request for Prevacid 30 mg for 6 months is not medically necessary. The provider indicated the injured worker was unable to tolerate the tablets to prevent gastric ulcer. The California Chronic Pain Medical Treatment Guidelines state physicians should 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 aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. The provider indicated the injured worker was unable to tolerate the tablets to prevent gastric ulcer and the medication regimen was not submitted within the medical records to determine if the injured worker was utilizing NSAIDs. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Duragesic patch 75 mcg for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Fentanyl Page(s): 44, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for a Duragesic patch 75 mcg for 6 months is not medically necessary. The injured worker complains of constant low back pain. The California Chronic Pain Medical Treatment Guidelines do not recommend Duragesic as a first line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly through the skin. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The Guidelines state fentanyl

is an opioid analgesia with potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effect than stronger opioids such as fentanyl. There is a lack of documentation regarding efficacy of this medication. The opioid MED calculator recommends 100 morphine equivalent doses per day and the fentanyl 75 mcg patches exceeds Guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Compound cream 180gm for 6 months: Upheld

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

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

Decision rationale: The request for a compound cream 180 gm for 6 months is not medically necessary. The injured worker has been utilizing this medication to reduce narcotic intake. The California Chronic Pain Medical Treatment 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 request failed to provide the components as well as the frequency of the medication to be utilized. Therefore, the request is not medically necessary.