

Case Number:	CM14-0111878		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2013
Decision Date:	10/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 47 year old male who had a work-related injury on 04/14/13. He injured his back while he was working construction, and after working and bending while taking a roof down, he was working 15 hours straight he started noticing low back pain with radiation to bilateral lower extremities. The injured worker has been treated with Anaprox, Prilosec, Flexeril, Neurontin, Medipatch with Lidocaine, TENS unit, and home exercise program. MRI of the lumbar spine dated 06/06/13 left paramedian disc protrusion at L4-5 which is increased slightly in the extension position. The injured worker has also had epidural steroid injections and physical therapy. Most recent medical record submitted for review is dated 02/18/14 the injured worker has persistent low back pain and varies day to day. Today is a better day for him and it is rated 5/10. The medications (Ultram, Anaprox, and Neurontin) reduce pain by greater than 50% but still with low back pain with radiation to lower extremities, left more than right, and we are awaiting authorization for lumbar epidural steroid injection and for physical therapy after the injection. No physical examination on this date. Diagnoses include lumbar radiculopathy and muscle spasms. Current request is for refill of Prilosec, refill of Neurontin, refill of Ketoprofen and Capsaicin cream, and refill of Anaprox. Prior utilization review dated 06/18/4 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Prilosec DR 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 06/10/14), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Refill Neurontin 600 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) for pain Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, the continued use of Gabapentin is appropriate and medically necessary.

Refill Ketoprofen with Capsaicin cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Ketoprofen which

has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Refill Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 71, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.