

Case Number:	CM14-0121855		
Date Assigned:	08/06/2014	Date of Injury:	11/22/2008
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

According to the records made available for review, this is a 67-year-old female with a 11/22/08 date of injury. At the time (7/24/14) of request for authorization for Prilosec 20mg #30, Ambien 5mg #30, Pennsaid drops 1 bottle, and Lidoderm patch 5% #10, there is documentation of subjective (low back pain and radiating symptoms down bilateral lower extremities, pain decreased from 7/10 to 4/10 with Motrin, Pennsaid drops, and Lidoderm patches, and able to walk for exercise and carry out activities of daily living with medications) and objective (no significant change) findings, current diagnoses (lumbosacral neuritis, sprain lumbar region, and lumbago), and treatment to date (medications (including ongoing treatment with Ibuprofen, Prilosec, Pennsaid, and Ambien since at least 2/12/14, and Lidoderm patches)). Regarding Prilosec 20mg #30, there is no documentation of concurrent use of high dose/multiple NSAID. Regarding Ambien 5mg #30, there is no documentation of insomnia and the intention to treat over a short course. Regarding Pennsaid drops 1 bottle, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, the intention to treat over a short course, and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding Lidoderm patch 5% #10, there is no documentation that a trial of first-line therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, sprain lumbar region, and lumbago. However, despite documentation of ongoing treatment with ibuprofen, there is no documentation of concurrent use of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #30 is not medically necessary.

Ambien 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, sprain lumbar region, and lumbago. In addition, given documentation of ongoing treatment with Ambien and patient able to walk for exercise and carry out activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Ambien since at least 2/12/14, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 5mg #30 is not medically necessary.

Pennsaid drops 1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, sprain lumbar region, and lumbago. In addition, given documentation of ongoing treatment with Pennsaid and patient able to walk for exercise and carry out activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Pennsaid use to date. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of records reflecting prescriptions for Pennsaid since at least 2/12/14, there is no documentation of the intention to treat over a short course (4-12 weeks). Furthermore, given documentation of ongoing treatment with ibuprofen, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Pennsaid drops 1 bottle is not medically necessary.

Lidoderm Patch 5% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional

benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis, sprain lumbar region, and lumbago. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Lidoderm patch and patient able to walk for exercise and carry out activities of daily living with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lidoderm patch use to date. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patch 5% #10 is not medically necessary.