

Case Number:	CM14-0122048		
Date Assigned:	08/06/2014	Date of Injury:	08/05/2004
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/03/2014

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 Management and is licensed to practice in Tennessee. 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 43-year-old female who has submitted a claim for cervical disc disease, lumbar strain, lumbar radiculitis, bilateral shoulder sprain, post surgery headaches, bilateral sacroiliitis, anxiety and stress, cervicogenic headaches, adjustment disorder, and migraine headaches, status post cervical spine surgery; associated with an industrial injury date of 08/05/2004. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain graded 7-8/10, radiating to the lumbar spine and left leg. Pain is decreased to 3-4/10 with medications. Physical examination showed tenderness in the cervical spine, L4-L5, and bilateral posterior superior iliac spine. Range of motion of the lumbar spine was decreased. Cervical compression, Spurling, and straight leg raise tests were negative. DTRs were decreased in the bilateral knees and ankles. Sensation was intact. Treatment to date has included medications, physical therapy, home exercise program, and surgery as stated above. Utilization review, dated 07/28/2014, denied the request for Zantac because there is no evidence of another GI problem for this patient; denied the request for Lenza patches because there was no evidence of neuropathic pain; and denied the request for Motrin because the patient has used this medication since at least 2009 without evidence of significant functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Zantac is a histamine type-2 receptor antagonist used in the treatment of gastroesophageal reflux disease. 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines defines patients at risk for gastrointestinal events as those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. Patients with intermediate GI risk factors should be prescribed PPIs or histamine antagonist. In this case, the patient has been prescribed Motrin since at least 2009. However, the most recent progress reports do not show that patient has gastrointestinal symptoms. Moreover, the medical records submitted for review did not show that the patient is at risk for a MTUS-defined gastrointestinal event. Therefore, the request Zantac 150mg #60 is not medically necessary and appropriate.

Lenza Patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Lenza contains Lidocaine 4% and menthol 1%. As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Lidocaine component, guidelines do not recommend its use for non-neuropathic pain. Regarding the menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical Over The Counter (OTC) pain relievers that contain may in rare instances cause serious burns. In this case, the patient complains neck pain with radicular symptoms despite medications, physical therapy, and surgery. However, there was no discussion regarding failure of or intolerance to oral formulations. Therefore, the request for Lenza Patches #60 is not medically necessary and appropriate.

Motrin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22,46,72.

Decision rationale: As stated on pages 22, 46, and 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, medical records submitted show that the patient has been prescribed Motrin since at least 2009. However, medical records submitted for review failed to show objective evidence of functional improvement derived from its use. Moreover, long-term NSAID use is not recommended. Furthermore, guidelines do not support the use of doses greater than 400 mg. Therefore, the request for MOTRIN 600MG #60 is not medically necessary and appropriate.