

Case Number:	CM14-0163622		
Date Assigned:	10/08/2014	Date of Injury:	04/09/2003
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 46-year-old male with a 4/9/03 date of injury, and three months status post left-sided L4-5 micro decompression surgery. At the time (9/22/14) of the Decision for Ibuprofen 800mg #30, Compound (Flurbiprofen, Capsaicin, Menthol, Camphor), Compound (Ketoprofen, Cyclobenzaprine), and Protonix 20mg #90, there is documentation of subjective (chronic moderate to severe lower back and leg pain) and objective (tenderness to palpation over the lumbar spinous process with spasms, decreased lumbar flexion/extension secondary to pain, and positive Lasegue's sign on the left) findings, current diagnoses (lumbar spinal stenosis), and treatment to date (lumbar surgery, injections, physical therapy, and medications (ongoing NSAID (Ibuprofen) therapy, opioids, and muscle relaxants)). Regarding Ibuprofen 800mg #30, there is no documentation 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 as a result of use of Ibuprofen. Regarding Protonix 20mg #90, there is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #30: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). California Medical Treatment Utilization Schedule (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 a diagnosis of lumbar spinal stenosis. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Ibuprofen, there is no documentation 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 as a result of use of Ibuprofen. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg #30 is not medically necessary.

Compound (Flurbiprofen, Capsaicin, Menthol, Camphor): 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 Topical Analgesics, Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control (including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor); that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound (Flurbiprofen, Capsaicin, Menthol, Camphor) is not medically necessary.

Compound (Ketoprofen, Cyclobenzaprine): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of lumbar spinal stenosis. However, the requested compounded medication consists of at least one drug (Ketoprofen) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound (Ketoprofen, Cyclobenzaprine) is not medically necessary.

Protonix 20mg #90: 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 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) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAID). Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (such as omeprazole or lansoprazole), as criteria necessary to support the medical necessity of proton pump inhibitors. Within the medical information available for review, there is documentation of a diagnosis of lumbar spinal stenosis. In addition, given documentation of chronic NSAID therapy, there is documentation of preventing gastric ulcers induced by NSAIDs. However, there is no documentation that Protonix is being used as second-line therapy after failure of first-line proton pump inhibitor therapy (omeprazole or lansoprazole). Therefore, based on guidelines and a review of the evidence, the request for Protonix 20mg #90 is not medically necessary.