

Case Number:	CM14-0176871		
Date Assigned:	10/30/2014	Date of Injury:	02/10/2008
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine 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:

This case is a 55 year old female with a date of injury on 2/10/2008. A review of the medical records indicate that the patient has been undergoing treatment for lumbar degenerative disc disease and hypertension. Subjective complaints (8/28/2014) include low back pain and anterior thigh cramping, left leg radiculopathy. Objective findings (8/28/2014) include decreased sensation over lateral aspect of right calf. No blood pressure readings noted. Treatment has included norco, Lidoderm patches, dyazide, protonix, lyrica, and antibiotic ointments. A utilization review dated 9/26/2014 non-certified the following:-Dyazide caps-GNP triple antibiotic plus ointment (neomy-bacit-polymix-pramoxine oint)-Protonix TBEC (pantoprazole sodium TBEC)-Lyrica 50 mg caps (pregabalin) 1 po bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyazide caps (triamterene-hctz caps): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Hydrochlorothiazide and triamterene

Decision rationale: MTUS is silent with regards to diazide, therefore other guidelines were utilized. Diazide is a brand name version of hydrochlorothiazide (HCTZ) and triamterene. HCTZ is a thiazide diuretic (water pill) and triamterene is a potassium sparing diuretic. UpToDate indicates the use of diazide as "Treatment of hypertension or edema (not recommended for initial treatment) when hypokalemia has developed on hydrochlorothiazide alone or when the development of hypokalemia must be avoided". The medical notes provided did not document hypertension. Additionally, there was no medical documentation that details the state of the patient's hypertension, to include edema. The diagnosis cannot be substantiated from the medical notes provided. As such, the request for Dyazide caps (triamterene-hctz caps) is not medically necessary.

GNP triple antibiotic plus ointment (neomy-bacit-polymix-pramoxine oint): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: GNP ointment is an over the counter medications formally known as "Good Neighbor Pharmacy Triple Antibiotic Ointment Plus Pain Relief". GNP ointment contains Bacitracin Zinc (First aid antibiotic), Neomycin sulfate (First aid antibiotic), Polymyxin B sulfate (First aid antibiotic), and Pramoxine hydrochloride (External analgesic). MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The requested ointment is for first aid treatment topically. The medical notes provided did not detail the rationale for use of the ointment, to include location that it would be used for, the frequency of use, and any other related instructions. Additionally, the medical notes provided did not document a skin examination and subsequent cut or wound that would justify the need for an antibiotic ointment. As such, the request for GNP triple antibiotic plus ointment (neomy-bacit-polymix-pramoxine oint) is not medically necessary.

Protonix TBEC (pantoprazole sodium TBEC): Upheld

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

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), NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Protonix is the brand name version of Pantoprazole, which is a proton pump inhibitor. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age >

65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." ODG states, "If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)." The patient does not meet the age recommendations for increased GI risk. The medical documents do not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant. The patient is on multiple medications, but medical documents do not indicate any GI complaints or issues. Additionally per guidelines, Pantoprazole is considered second line therapy and the treating physician has not provided detailed documentation of a failed trial of omeprazole and/or lansoprazole. As such, the request for Protonix TBEC (pantoprazole sodium TBEC) is not medically necessary.

Lyrica 50 mg caps (pregabalin) 1 po bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: MTUS and ODG state that "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." Medical records do not indicate the ongoing treatment for diabetic neuropathy or postherpetic neuralgia. Additionally, medical notes do not substantiate the diagnosis of fibromyalgia. Based on the medical notes provided, there is no indication for this medication. As such, the request for Lyrica 50 mg caps (pregabalin) 1 po bid is not medically necessary.