

Case Number:	CM14-0020469		
Date Assigned:	05/02/2014	Date of Injury:	11/21/2005
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 66 year-old with a date of injury of 11/21/05. A progress report associated with the request for services, dated 01/06/14, identified subjective complaints of right groin pain, post-harvest of a bone graft. Objective findings included normal sensation but a positive Tinel's sign in the distribution of the femoral cutaneous nerve. Diagnoses included right meralgia paresthetica; lumbar disc disease; and radiculopathy. Treatment has included a lumbar fusion, glucosamine, anti-seizure agents, and topicals. A Utilization Review determination was rendered on 02/03/14 recommending non-certification of "Synovacin 500 mg #180; Soma 350 mg #120; omeprazole 20 mg #60; Neurontin; and Lidoderm patches".

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNOVACIN 500 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE Page(s): 50.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that glucosamine is recommended as an option given its low risk, in patients with moderate arthritis

pain. Synovacin consists of 500 mg of glucosamine sulfate (GS) in each capsule. Glucosamine is a compound found in cartilage. They note that studies have demonstrated highly significant efficacy for the crystalline form of glucosamine sulfate on all outcomes including pain and joint space narrowing. The greatest value has been demonstrated in arthritis of the knee. However, they note that similar studies are lacking for glucosamine hydrochloride. Further, they state that results obtained with GS may not be extrapolated to other salts (hydrochloride) or formulations (OTC or food supplements). Last, they note that studies have indicated that the effect of the combination of GS and Chondroitin sulfate may be less than the effect of each treatment singularly. In this case, the glucosamine has been prescribed for degenerative disease of the lumbar spine. There is limited evidence for the efficacy of glucosamine outside the knee, particularly for the lumbar spine. Therefore, in this case, there is no documentation for the medical necessity for Synovacin; therefore, the request is not medically necessary.

SOMA 350 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA); MUSCLE RELAXANTS Page(s): 29, 63-66.

Decision rationale: The Medical Treatment Utilization Schedule states that Carisoprodol is not recommended. Soma (Carisoprodol) is a centrally acting antispasmodic muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma.

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). The Medical Treatment Utilization Schedule (MTUS) does not address proton pump inhibitors directly. The Official Disability Guidelines note that PPIs are recommended for patients at risk for gastrointestinal events. There is no indication for Prilosec, a proton pump inhibitor, for treatment of musculoskeletal pain. The record does indicate that the patient has "stomach upset." However, no specific risk for a gastrointestinal event is documented. Likewise, there is no documentation of the specific and quantitative benefit achieved by the use of Prilosec. There is also no

documentation of concurrent NSAID therapy. Therefore, the medical record does not document the medical necessity for omeprazole.

NEURONTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21, 49.

Decision rationale: Gabapentin (Neurontin) is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain. Also, there is no documented evidence of functional improvement from the Neurontin. Therefore, the record does not document the medical necessity for Neurontin (gabapentin) in this case. Therefore, the request is not medically necessary.

LIDODERM PATCHES: 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 LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica); This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; An attempt to determine a neuropathic component of pain should be made; The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day);-A trial of patch treatment is recommended for a short-term period; Continued outcomes should be

intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. Therefore, in this case, there is no documentation of the neuropathic component of the pain, failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm. Therefore, the request is not medically necessary.