

Case Number:	CM14-0030209		
Date Assigned:	06/13/2014	Date of Injury:	06/20/1989
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/02/2014

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 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:

Patient is an injured worker a lumbosacral condition. Date of injury was 06-20-1989. Orthopedic surgical consultation report 12-17-2013 by [REDACTED] documented diagnoses: lumbosacral myoligamentous sprain/strain, lumbar spinal stenosis, mechanical discogenic low back pain, lumbar radiculitis/radiculopathy. Patient has Hypertension which was managed with Atenolol. PR-2 progress report 02-17-2014 documented subjective complaints of low back pain, pain radiating down right leg. Objective findings were lumbar tenderness, +SLR, decreased range of motion. Utilization review dated 02-26-2014 recommended non-certification of the requests for Voltaren, Omeprazole, and Lidoderm. UR provided a history of condition: This is a 69-year-old female with a 6/20/1989 date of injury, when she tripped and fell. 2/19/14 progress report indicates very severe low back pain radiating down the right leg. Physical exam demonstrates limited lumbar range of motion, lumbar tenderness. Treatment to date has included medication and activity modification, physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 100 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs); NSAIDs, Specific Drug List & Adverse Effects Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 71, 69.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Diclofenac (Voltaren) and NSAIDs (non-steroidal anti-inflammatory drugs). Concerning hypertensive patients, all NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: ACE inhibitors, angiotensin receptor blockers, diuretics, beta-blockers. FDA Prescribing Information warns: Use the lowest effective dose for the shortest duration. NSAIDs can lead to worsening of preexisting hypertension, and may contribute to the increased incidence of CV events. NSAIDs, including Voltaren, should be used with caution in patients with hypertension. Blood pressure (BP) should be monitored closely during the initiation of NSAID treatment and throughout the course of therapy. In patients on long-term treatment with NSAIDs, including Voltaren, the CBC and a chemistry profile (including transaminase levels) should be checked periodically. Patient has the diagnoses: lumbosacral myoligamentous sprain/strain, lumbar spinal stenosis, mechanical discogenic low back pain, lumbar radiculitis/radiculopathy. Date of injury was 06-20-1989. The occupational injuries are chronic. Patient has a history of Hypertension, managed with Atenolol a beta-blocker. No documentation of blood pressure measurements or laboratory tests were contained in the medical records. Considering the MTUS and FDA guidelines, Voltaren is not recommended in this patient with Hypertension on beta-blocker therapy. Therefore, the request for Voltaren 100 MG #30 is not medically necessary.

OMEPRAZOLE 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Omeprazole may be considered in patients on NSAID therapy with a risk for gastrointestinal events. Omeprazole was requested to prevent potential GI upset with Voltaren. The request for the NSAID Voltaren was determined to be not medically necessary. Therefore, Omeprazole is not necessary. No documentation of GI complaints or risk factors were contained in the medical documents. Therefore, the request for Omeprazole 20 MG is not medically necessary.

LIDODERM PATCH 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Lidoderm (lidocaine patch). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. FDA Prescribing Information state that Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. Patient is an injured worker with diagnoses: lumbosacral myoligamentous sprain/strain, lumbar spinal stenosis, mechanical discogenic low back pain, lumbar radiculitis/radiculopathy. There is no documentation of post-herpetic neuralgia. MTUS guidelines states that Lidoderm is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For non-neuropathic pain, Lidoderm is not recommended. FDA guidelines state that Lidoderm is indicated for relief of pain associated with post-herpetic neuralgia. MTUS and FDA guidelines do not support the medical necessity of Lidoderm. Therefore, the request for Lidoderm Patch 5% #60 is Not medically necessary.