

Case Number:	CM14-0034009		
Date Assigned:	06/20/2014	Date of Injury:	03/27/2007
Decision Date:	07/22/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/18/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

The patient is a 49-year-old female injured worker with date of injury 3/27/07 with related low back pain. Per 2/10/14 progress report, the patient reported that medications continued to help reduce pain and allow for better function. She denied gastrointestinal symptomatology. Examination demonstrated tenderness over the facet joints in the lumbar spine, decreased range of motion, positive axial loading of the lumbar facet joints, decreased sensation of the left lateral calf, and 4/5 strength of left with dorsiflexion. MRI (magnetic resonance imaging) of the lumbar spine dated 11/27/13 revealed evidence of disc protrusions with significant annular tear at L4-L5 and L3-L4. Mild disc bulge was noted at L2-L3 and mild protrusion with annular tear at L1-L2. L5-S1 had a broad based bulge, but was well-preserved. Facet arthropathy was noted. She has been treated with physical therapy, acupuncture, epidural injection, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DICLOFENAC SODIUM 1.5% 60GMS, APPLY TO THE AREA THREE TIMES A DAY, #1 (DISPENSED 02/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per the MTUS guidelines, there is no evidence supporting Diclofenac Sodium topical for use on the spine. As such, the medical necessity cannot be affirmed. The request is not certified.

RETROSPECTIVE KETAMINE 5% 60GMS, APPLY TO THE AREA THREE TIMES A DAY, #1 (DISPENSED 02/10/14): Upheld

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

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

Decision rationale: With regard to Ketamine MTUS states: "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for complex regional pain syndrome (CRPS) I and post-herpetic neuralgia and both have shown encouraging results." In this case, although the patient is intolerant to oral medications secondary to side effects, and does have evidence of lumbar radiculopathy, this treatment is not indicated as second line treatments have not been exhausted. As such, the request is not certified.

RETROSPECTIVE DOXEPIN 3.3% CREAM 60GMS, APPLY TO THE AFFECTED AREA THREE TIMES A DAY, NERVE PAIN CREAM, #1 (DISPENSED 02/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants.

Decision rationale: With regard to antidepressants, the Official Disability Guidelines (ODG) states: "Recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. Although one meta-analysis of trials that tested antidepressants versus placebos determined that the differences between antidepressants and placebos were small, especially when active placebos were used, thereby making the patient believe that a true antidepressant was administered through active side effects." The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of doxepin. Per MTUS guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs,

opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The MTUS also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the above, the request is not certified.

RETROSPECTIVE PROTONIX 20MG, TAKE ONE TABLET TWO TIMES A DAY FOR STOMACH, #60 (DISPENSED 02/10/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors.

Decision rationale: In the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H₂-receptor antagonist or a proton pump inhibitor (PPI). The MTUS guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal (GI) events including: (1) age older than 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (for example, 20mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (more than one year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of GI events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. Per Official Disability Guidelines (ODG), "many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line." It is noted in the documentation that the injured worker suffers from nausea secondary to her oral medications. However, as noted per the guidelines, Protonix is a second-line medication. The medical records do not establish whether the patient has failed attempts at first line PPIs, such as omeprazole or lansoprazole, which should be considered prior to prescribing a second line PPI such as Protonix. The request is not medically necessary.