

Case Number:	CM14-0042434		
Date Assigned:	06/30/2014	Date of Injury:	03/26/2013
Decision Date:	08/26/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old male who reported an injury 03/26/2013 due to an unknown mechanism. The injured worker was diagnosed with lumbar discopathy with radiculopathy, right knee medial meniscus tear with chondromalacia patella and sprain of the anterior cruciate ligament, low back pain, lumbar disc displacement, lumbar radiculopathy, and left knee medial meniscus tear with chondromalacia patella. Prior treatments included 8 sessions of physical therapy from 03/19/2014 to 04/23/2014, and an L5-S1 transforaminal epidural steroid injection. Diagnostic studies included an electro-diagnostic study which was performed on 03/03/2014. The physician saw the injured worker on 03/03/2014 and 03/13/2014 where the injured worker reported persistent pain of the low back that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. He had bilateral knee pain that was aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, prolonged standing and sitting. The physician noted the lumbar spine revealed tenderness over the mid distal lumbar segments. There was pain with terminal motion. Examination of the bilateral knees revealed tenderness at the bilateral medial knee joint line anteriorly. On 03/13/2014 the physician prescribed Naproxen, Omeprazole, and Terocin patches. On 05/13/2014 the physical therapist reported the injured worker was progressing well with treatment. The injured worker reported constant pain to his lumbar spine. The injured worker reported the severity of his pain increased and pain was greater to the right versus left side. The injured worker reported pain rated 3/10 to the hip and to the low back. The physician's treatment plan is to review on-going progress with medications and physical therapy. If the injured worker is unresponsive to medications and physical therapy a consideration of a lumbar epidural steroid injection at right L-4-5 and L-5-S1 using a transforaminal approach. A right transforaminal steroid epidural at L4-5 and L5-S1 was performed on 06/23/2014. The physician was requesting

naproxen sodium tablets 550 mg 100 tablets, omeprazole delayed release capsules 20 mg 120 tablets and Terocin patches 30 each. There was no rationale provided for the request of these medications. A Request for Authorization form was not provided for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN Page(s): 66.

Decision rationale: The California MTUS Guidelines state naproxen is a nonsteroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The injured worker has multiple diagnoses of lumbar radiculopathy. There is no evidence of osteoarthritis. There are no objective findings which indicate the presence of osteoarthritis. The injured worker has been prescribed Naproxen since at least 03/13/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

Omeprazole delayed-release capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence of a history of gastrointestinal bleed, peptic ulcer, or perforation. There is no documentation indicating the injured worker has significant findings of gastrointestinal events. Additionally, there is a lack of documentation demonstrating the efficacy of the medication. As such, the request is not medically necessary.

Terocin patch #30: 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: The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend Lidocaine for topical application in forms other than Lidoderm. As the guidelines do not recommend the use of compounds which contain one or more drug or drug class that is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such the request is not medically necessary.