MAXIMUS Federal Services

Case Number:	CM14-0055547		
Date Assigned:	07/09/2014	Date of Injury:	08/28/2013
Decision Date:	09/25/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old female with a 8/28/13 date of injury. There is documentation of subjective (neck pain radiating to left upper extremity associated with numbness and tingling, left shoulder pain, and low back pain radiating to left lower extremity associated with numbness and tingling) and objective (decreased lumbar spine range of motion, tenderness over the paralumbar musculature with spasm, positive bilateral straight leg raising test radiating to posterior aspect of lower extremities, and reduced light touch sensation over the right L5 nerve root distribution) findings. Current diagnoses include cervical spine sprain/strain, left shoulder sprain/strain with possible impingement, and lumbar spine sprain/strain with lower extremity radicular complaints. Treatment to date includes medications, including ongoing treatment with Zantac since at least 2/13/14 and Mobic, Norco, Protonix, and Terocin lotion since at least 12/11/13. Regarding Protonix, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line treatment. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Zantac, there is no documentation of high dose/multiple NSAIDs; and risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20MG #60 x3: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, left shoulder sprain/strain with possible impingement, and lumbar spine sprain/strain with lower extremity radicular complaints. In addition there is ongoing treatment with Protonix. However, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line treatment. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Norco 10/325MG #60 x4: 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 Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, left shoulder sprain/strain with

possible impingement, and lumbar spine sprain/strain with lower extremity radicular complaints. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Terocin 120ML x4: 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 rationale: Terocin lotion contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control. Guidelines also state That Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, left shoulder sprain/strain with possible impingement, and lumbar spine sprain/strain with lower extremity radicular complaints. However, Terocin lotion contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Zantac 150MG #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID, as criteria necessary to support the medical necessity of Ranitidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional

benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, left shoulder sprain/strain with possible impingement, and lumbar spine sprain/strain with lower extremity radicular complaints. In addition, there is documentation of ongoing treatment with NSAID and Zantac. However, despite documentation of ongoing treatment with NSAID, there is no documentation of high dose/multiple NSAID. In addition, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.