

Case Number:	CM14-0061247		
Date Assigned:	07/09/2014	Date of Injury:	10/18/2013
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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:

This is a 30 year-old female patient with a 10/18/2013 date of injury. The mechanism of injury was due to a trip over a table, but the patient did not fall. On a 3/26/2014 visit she complained of pain in the lumbar spine with radiation to her buttocks bilaterally and her left leg down to her toes. She also complained of weakness and numbness in her left lower extremity. The objective findings were tenderness to palpation at L4 through the sacrum, decreased range of motion, positive straight leg raising bilaterally, normal motor strength to 5/5 in the lower extremities bilaterally, diminished deep tendon reflexes in the left leg, and decreased range of motion in the left leg both medially and laterally. The diagnostic impression is discogenic mechanical low back pain, L4-5 disc protrusion resulting in moderate foraminal stenosis, and left lumbar radiculitis. Treatment to date: Physical therapy, lumbar support brace, and medication management. A UR (utilization review) decision date 4/8/2014 denied the requests for Enovarx-ibuprofen 10% cream, Xolido 2% cream, and Prilosec 20mg #30. The rationale for denial of Enovarx-ibuprofen 10% cream and Xolido 2% cream is that CA MTUS guidelines state that topical analgesics are largely experimental in use with few controlled trials to determine efficacy and safety. Trials of oral antidepressants and anticonvulsants must have been tried before use would be recommended. The rationale for denial of Prilosec 20mg #30 is that the patient shows no signs or symptoms of GI risk factors or complaints of dyspepsia so the CA MTUS guidelines do not support its' use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido 2% cream: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Xolido 2% cream is a formulation of lidocaine 2% in a topical vehicle. The guidelines clearly state that topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. These topical compounds are primarily recommended for neuropathic pain after trials of oral antidepressants and anticonvulsants have failed. However, there were no failures of this kind documented and the patient had initiated oral gabapentin therapy. Therefore, the request for Xolido 2% cream is not medically necessary.

Enovarx-Ibuprofen 10% cream: 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): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Enovarx-ibuprofen 10% cream is a topical formulation of the NSAID ibuprofen. According to CA MTUS guidelines topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Topical analgesics are used primarily for neuropathic pain after trials of oral antidepressants and anticonvulsants have failed. However, there was no documentation of any trial failures. Therefore, the request for Enovarx-ibuprofen 10% cream is not medically necessary.

Prilosec 20mg QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Guidelines support use of Prilosec, a proton pump inhibitor, for patients at risk of adverse GI events. However, there was no clinical data provided that showed any evidence of GI side effects secondary to NSAID use or significant risk factors for GI events. Therefore, the request for Prilosec 20mg QTy 30 is not medically necessary.