

Case Number:	CM14-0068930		
Date Assigned:	08/08/2014	Date of Injury:	02/09/2001
Decision Date:	09/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/13/2014

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 Family Medicine and is licensed to practice in Arizona. 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 a 62 year old female with a date of injury on 2/9/2001. Subjective complaints are of low back pain that radiates to the right leg, and head and neck pain. Patient also has anxiety, and depression. Pain is rated at an average of 9/10. Physical exam shows paracervical tenderness, positive axial compression, right grip weakness and thenar atrophy, with no sensory loss. Prior treatment includes physical therapy, and cervical epidural steroid injections. Cervical MRI from 7/23/10 showed disc degeneration at C5-7. Medications include Orphenadrine, MiraLax, Nexium, gabapentin, Ropinirole, Lidoderm, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications

in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm. Therefore, the request of Orphenadrine Citrate 100mg, #180 is not medically necessary and appropriate.

Nexium 40mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA (Acetyl salicylic Acid), corticosteroids, anticoagulant use, or high dose NSAIDS. ODG guidelines recognize the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Nexium. Since there is no documented trial of first line PPIs (Proton Pump Inhibitors) the request of Nexium 40mg, #90 is not medically necessary and appropriate.

Ropinirole HCL 1mg, #270: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Ropinirole www.drugs.com.

Decision rationale: Ropinirole is a dopamine agonist that is used in the treatment of restless leg syndrome and Parkinson's disease. The submitted documentation does not include the indication or rationale for this medication. Therefore, the request of Ropinirole HCL 1mg, #270 is not medically necessary and appropriate.

Lidoderm 5% (700mg/patch), #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of 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 this patient, submitted documentation does not provide evidence for post-herpetic neuralgia or objective evidence consistent with neuropathic pain that would be amendable to topical Lidocaine. Therefore, the request of Lidoderm 5% (700mg/patch), #270 is not medically necessary and appropriate.

Flector 1.3%, #270: Upheld

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

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

Decision rationale: CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient, documentation does not indicate its use in an anatomical area that is amendable for treatment. Therefore, the request of Flector 1.3%, #270 is not medically necessary and appropriate.