

Case Number:	CM14-0077235		
Date Assigned:	09/05/2014	Date of Injury:	11/13/2010
Decision Date:	10/02/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 11/13/2010 due to an unknown mechanism. Diagnoses were grade 1 spondylolisthesis at the L5-S1, multilevel lumbar stenosis, lumbar radiculopathy, and status post MLD (microlumbar discectomy). Past treatments were acupuncture, chiropractic sessions, and 2 epidural injections. Diagnostic studies were CT scan of the lumbar spine and MRI of the lumbar spine. Surgical history was not reported. Physical examination on 07/07/2014 revealed complaints of neck pain which the injured worker reported had increased since the last visit and was rated a 5/10 to 7/10 on the pain scale. Examination revealed palpable spasms in the back. Range of motion of the lumbar spine decreased on all plains and limited by pain. Lumbar extension limited to 5 degrees. Lower extremity sensation was intact. There were palpable cords in the right lower extremity and diminished bilateral lower extremity reflexes. Medications were Norco 5/325 one tablet daily, Prilosec as needed and Lidopro cream. Treatment plan was to continue home exercise program. Requesting additional acupuncture treatments. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco,Ongoing Management, Page(s): 75, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management there should be documentation of the 4 A's including Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug taking behavior. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request of Hydrocodone 5/325mg #90 is not medically necessary and appropriate.

Lidopro Topical Ointment: 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, Topical Salicylate, Topical Capsaicin Lidocaine, Page(s): 111, 105, 28, 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended 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. Capsaicin is recommended only as an option in patients that have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylate. Per drugs.com, Lidopro is a topical analgesic containing capsaicin/lidocaine/menthol/methyl salicylate. The medical guidelines do not support the use of compounded topical analgesics. Therefore, the request of Lidopro Topical Ointment is not medically necessary and appropriate.

Omeprazole 20mg #60: 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) TWC Pain Procedure Summary last updated 04/10/2014; Mosby's Drug Consult

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA (Acetyl Salicylic Acid), corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (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 (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request of Omeprazole 20mg #60 is not medically necessary and appropriate.

General practice follow-up for kidney insufficiency: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits

Decision rationale: The Official Disability Guidelines for office visits states it is medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking since some medicines such as opiates, or medicines such as certain antibiotics require close monitoring. The request states that the injured worker needs a follow-up for kidney insufficiency. The injured worker had a CT scan on 08/29/2012 that revealed extensive bilateral renal calcifications. Therefore, the request for general practice follow-up for kidney insufficiency is medically necessary and appropriate.