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| Case Number: | CM14-0084851 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 05/21/2010 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 06/06/2014 |

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 62-year-old male with a 5/21/10 date of injury. The mechanism of injury is not noted. The patient complains of low back complaints. The patient reports that he has been traveling 350+ miles for his follow-up visits and would like three months of medication. He said Naproxen helped decrease his pain from 7 out of 10 to 3 to 4 out of 10 on the pain scale and increase his function. He is also taking Prilosec to eliminate GI side effects, as well as utilizing LidoPro cream which helped decrease his pain and oral medication intake and increase his sleep. Objective findings are range of motion lumbar spine decreased in all planes, hyperreflexic in bilateral patellar and Achilles, sensation intact in bilateral lower extremities. Diagnostic impression shows multilevel degenerative disease of the lumbar spine, mid multilevel neural foraminal narrowing of the lumbar spine, chronic right L5-S1 radiculopathy, facet arthropathy L2-3, L3-4, and L4-5. Treatments received to date include medication management and activity modification. A utilization review decision dated 5/12/14 modified the request for Naproxen 550 mg 180 tablets with 3 refill to 180 tablets with 1 refill and Omeprazole 20 mg 180 tablets with 3 refills to 180 tablets with zero refills and denied the request for Lidopro ointment. Regarding Naproxen and Omeprazole, the patient is scheduled for follow up in 6 months; therefore the medications were modified to a 6-month supply. Regarding Lidopro ointment, there is no mention of radicular pain and the reports provide no medical basis for treatment outside the guidelines that do not support this topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 MG # 180, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient noted that Naproxen decreases his pain and increases his function. He takes 1 tablet 2 times per day, making this a request for a year's supply of medication. The patient is scheduled for a follow-up visit in 6 months. There was no rationale provided as to why a one-year supply is necessary at this time. The request for Naproxen Sodium 550 MG # 180, 3 refills is not medically necessary.

Omeprazole 20 MG # 180, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

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. The patient is currently utilizing Naproxen. Guidelines support the use of omeprazole in patient's taking NSAIDs on a chronic basis. The patient takes 1 tablet per day, making this a request for a two-year supply of medication. The patient is scheduled for a follow-up visit in 6 months. There is no rationale provided as to why a two-year supply is necessary at this time. The request for Omeprazole 20 MG # 180, 3 refills is not medically necessary.

Lidopro topical ointment # 1, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine in a topical lotion form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. The request for Lidopro topical ointment # 1, 3 refills is not medically necessary.