

Case Number:	CM14-0089598		
Date Assigned:	07/23/2014	Date of Injury:	08/13/2003
Decision Date:	09/10/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53 year old male injured on 08/13/03, due to an unknown mechanism of injury. The most recent progress note dated 05/08/14 states the injured worker has ongoing complaints of pain to the low back and left knee pain, 7-8/10 on the visual analog scale. The injured worker had a recent flare up of pain due to collapsing on a flight of stairs hurting his left knee and low back. During this incident the injured worker ruptured the right bicep and was surgically repaired. The injured worker complains of constant left hip pain. The injured worker can walk for 15 minutes before pain increases significantly. Difficulty sitting due to left hip pain. The diagnoses include trochanteric bursitis, meniscus tear left knee, lumbar sprain/strain, and sprain/strain of left knee. The injured worker was on Total Temporary Disability. The medications include Zolpidem 10mg every evening, Soma 350mg twice daily, Omeprazole 20mg once daily, and Lidopro cream. The injured worker also utilizes a transcutaneous electrical nerve stimulation (TENS) unit for pain. The prior utilization review determination on 06/05/14 denied the request for Lidopro 121g, Omeprazole 20mg, Norco 10/325mg, and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro is a topical cream that contains Capsaicin, Lidocaine, Menthol and Methyl Salicylate. Per guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Furthermore, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), which is not the case here. Therefore, the request is not medically necessary.

Omeprazole 20mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: According to the CA MTUS, Omeprazole proton pump inhibitor "PPI" is recommended for patients at intermediate risk for gastrointestinal events. The medical records document the patient had complained of low back pain diagnosed with lumbar radiculopathy there was history of NSAIDs intake. In the absence of documented any gastrointestinal (GI) symptoms such as abdominal pain, vomiting or bleeding and the absence of the frequency and duration of NSAIDs intake, the request is not medically necessary according to the guidelines. The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. In the event of dyspepsia secondary to NSAID therapy, recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In absence of documented dyspepsia unresponsive to change in cessation or change of NSAID or PPI, the medication Omeprazole is not medically necessary.

Norco 10/325mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, or attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medication is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: Per CA MTUS guidelines, this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no substantial evidence of muscle spasm not being responsive to first line therapy to warrant therapy. There is no documentation of any significant improvement in pain or function with prior use. Therefore, the request is not medically necessary.