

Case Number:	CM14-0090074		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2004
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/14/2014

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 Emergency 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 patient has a reported date of injury of 8/5/2004. No mechanism of injury was documented. The patient has a diagnosis of cervical disc disease, post cervical spine surgery (no date or information was provided), lumbar pain, lumbar radiculitis, shoulder sprain, cervicogenic headaches, anxiety, adjustment disorder and migraine headaches. The patient complains of moderate-severe neck pain and low back pain at 7-8/10. Medication makes the pain manageable. The patient notes some acidity sensation when taking Motrin. Objective exam reveals well healed scar of neck, tenderness to deep palpation, normal flexion and extension, negative compression test, and positive Spurling's test. Lumbar-sacral exam reveals tenderness and stiffness at L4-5 and superior iliac spine. Range of motion was normal. Sensory exam in legs is normal. Advance imaging or electrodiagnostic reports were not provided. Complete medication list was not provided. The patient was on Lenza patch, Motrin, Tylenol #3 and Omeprazole. A prior UR on 5/27/14 recommended non-certification of the above requests and certified blood testing and follow up clinic visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lenza Patch with Lidocaine 4 % and Menthol 1%: 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) <111-112> Page(s): 111-112.

Decision rationale: The requested product is a compounded cream composed of 2 medications, Lidocaine and Menthol. As per the MTUS Chronic Pain Guidelines, any compounded product that contains one drug or drug class that is not recommended is not recommended. The MTUS Chronic Pain Guidelines indicates Lidocaine may be useful in neuropathic after failure of other 1st line therapy. Only Lidoderm is FDA approved for neuropathic pain and any other formulations are not approved. The use of an unapproved formulation and failure to document failure of 1st-line treatment means that the current version of Lidocaine is not recommended. As such, the request is not medically necessary and appropriate.

60 Motrin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs(Non-Steroidal Anti-inflammatory Drugs)>, page(s) <67-68> Page(s): 67-68.

Decision rationale: Motrin is a non-steroidal anti-inflammatory drug (NSAID). As per the MTUS Chronic Pain Guidelines, NSAIDs are recommended for short term treatment or for exacerbations of chronic pain. They are mostly recommended for osteoarthritis which this patient does not have. It may be used for chronic low back pains but recommendations are for low doses and short courses only. There are significant side effects if used chronically especially with patient's complaints of dyspepsia. Records states that patient is chronically on Motrin but there is no proper documentation of appropriate response to medication or improvement in pain. There is not enough documentation to show proper caution and monitoring for side effects to recommend continued chronic use of Motrin. As such, the request is not medically necessary and appropriate.

30 Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs, GI symptoms and cardiovascular risks>, page(s) <68-69> Page(s): 68-69.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. According to the MTUS Chronic Pain Guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient does have symptoms of NSAID induced dyspepsia. However, since Motrin is not medically necessary, the NSAID induced dyspepsia should be resolved. Therefore, the request is not medically necessary and appropriate.

1 Botox Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Botulinum toxin>, page(s) <25-26> Page(s): 25-26.

Decision rationale: The MTUS Chronic Pain Guidelines states that Botulinum Toxin is not

recommended for chronic pain. It is only recommended in cervical dystonia which the patient does not have. The patient does not have any indication for a Botulinum toxin injection. As such, the request is not medically necessary and appropriate.