

Case Number:	CM14-0094036		
Date Assigned:	09/16/2014	Date of Injury:	06/30/1994
Decision Date:	10/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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:

The injured worker is a 57-year-old male who reported an injury of unspecified mechanism on 06/30/1994. On 05/07/2014, his diagnoses included spinal/lumbar degenerative disc disease, lumbar radiculopathy, spondylolisthesis, and lumbar spinal stenosis. His complaints included lower back pain radiating down his right leg. His medications included Diclofenac cream, Voltaren Gel, Celebrex 200 mg, Omeprazole DR 20 mg, Lyrica 50 mg, Norco 5/325 mg, Flector patch, Lidoderm patch, Skelaxin 800 mg, Lopressor 100 mg, Lotensin 40 mg, Tylenol 500 mg, and Clonidine 0.1 mg. The rationale for the requested Lidoderm patch was that it reduced his pain from 6/10 to 2/10 and lasted for 7 hours. It enabled him to walk for 1 to 2 hours, where he could only walk for 30 minutes without the patch. The rationale for the requested Skelaxin was that he felt as if his muscles were more relaxed, and it reduced his pain from 6/10 to 2/10 and lasted for 7 hours. The rationale for the requested Norco was that it reduced his pain from 6/10 to 2/10 and lasted for 7 hours. The rationale for the requested Omeprazole was that it helped with his upset stomach due to his other medications. If he does not have it, he felt nauseous and it was difficult for him to eat. A Request for Authorization dated 5/13/2013 was included in his chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg capsule 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Omeprazole DR 20 mg capsule 1 by mouth twice a day #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if the patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids or an anticoagulant, or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. This injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. The need for this medication was not clearly demonstrated in the submitted documentation. Therefore, this request for Omeprazole DR 20 mg capsule 1 by mouth twice a day #60 is not medically necessary.

Norco 5/325 mg 1 bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 5/325 mg 1 twice a day #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with antidepressants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of antidepressants, or drug screens. The clinical information submitted failed to meet the evidence based guidelines for continued use of an opioid. Therefore, this request for Norco 5/325 mg 1 twice a day #60 is not medically necessary.

Lidoderm 5% patch 1 patch to skin qd #30: 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 Page(s): 111-113..

Decision rationale: The request for Lidoderm 5% patch 1 patch to skin daily #30 is not medically necessary. The California MTUS Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy with

tricyclics or SNRI antidepressants. The only form of FDA approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There was no evidence that this injured worker had failed trials of antidepressants. There was no documentation that he was suffering from postherpetic neuralgia. Additionally, the body part or parts to have been treated were not included in the request. Therefore, this request for Lidoderm 5% patch 1 patch to skin #30 daily is not medically necessary.

Skelaxin 800 mg bid: Upheld

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

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

Decision rationale: The request for Skelaxin 800 mg twice a day is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. In most pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Their efficacy appears to diminish over time. Skelaxin is an antispasmodic and is reported to be a relatively non-sedating muscle relaxant. The decisions are based on evidence based criteria. Muscle relaxants are supported for short term use only. Chronic use would not be supported by the guidelines. The submitted documentation did not identify spasticity, and there was no documentation of significant functional or vocational benefit with the use of Skelaxin. Additionally, there was no quantity specified in the request. Therefore, this request for Skelaxin 800 mg twice a day is not medically necessary.