

<b>Case Number:</b>	CM14-0096033		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/19/1999
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 19, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; and various interventional spine procedures. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for lidocaine ointment, approved a request for Neurontin, approved a request for Pamelor, denied a request for Seroquel, denied a request for Protonix, approved a request for Skelaxin, and approved a request for tramadol. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported persistent complaints of pain, 3-4/10. The applicant stated that earlier radiofrequency ablation procedures did produce 75% reduction in pain. The applicant was using lidocaine, Neurontin, Pamelor, Protonix, Seroquel, Skelaxin, and tramadol, it was stated. The applicant was a nonsmoker, it was further noted. Viscosupplementation injection for the knee was sought. The attending provider stated that the applicant had developed acid reflux from Norco and that ongoing usage of Protonix was effective in ameliorating the applicant's issues with dyspepsia. The applicant was using Seroquel for sleep disturbance secondary to the industrial injury, it was stated. The attending provider stated that lidocaine cream was also being appealed for neuropathic pain. An H-Wave device was also sought, along with radiofrequency ablation procedures. The applicant did not appear to be working with permanent limitations in place. The applicant likewise stated on June 6, 2014 that Seroquel was being used for sleep disturbances secondary to the industrial injury and, sparingly, at that. Protonix was being employed for acid reflux secondary to pain medications, it was stated at that point.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% Ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Neurontin, an anticonvulsant adjuvant medication, and Pamelor, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.

**Seroquel 25mg Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PTSD Pharmacology, (Spielmanns, 2013) The American Psychiatric Association.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Antipsychotics Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel Medication Guide.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important. In this case, however, Seroquel is not being used for psychosis purposes. Seroquel, rather, is being used as a sleep aid. However, as noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider using a drug for non-FDA label purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Seroquel is indicated in the short-term treatment of acute manic episodes associated with bipolar disorder and/or in the treatment of schizophrenia. The attending provider's selection of Seroquel as a sleep aid does not conform to the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support provision of Seroquel in the face of the FDA's unfavorable position on the same for the purpose for which it is being employed here. Therefore, the request is not medically necessary.

**Protonix 40mg Qty 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p. (11 references).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is reporting issues with an analogous issue, opioid-induced dyspepsia. Protonix, has, per the attending provider, been successful in ameliorating the same. Continuing the same, on balance is therefore indicated. Accordingly, the request is medically necessary.