

Case Number:	CM14-0098145		
Date Assigned:	07/28/2014	Date of Injury:	07/25/2013
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/26/2014

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 44-year-old male with a 7/25/13 date of injury. The mechanism of injury was not when he was lifting boxes at work and felt low back pain. According to a progress note dated 4/25/14, the patient complained of some low back pain, right greater than left, and tightness in his right leg. He still had some radiating pain from his back into his buttock and down his thigh but did not past his knee. He rated his pain as a 3 out of 10 and pulsating. Objective findings: lumbar spine ROM, forward flexion to 75 with tightness and extension to 15; pain right lateral flexion to 20 with muscle tightness and left lateral flexion is to 20 with muscle tightness; palpable lumbar paraspinous muscle spasm with myofascial trigger points and twitch response with referral of pain; decreased sensation in the right L5 and right S1 distributions. Diagnostic impression: lumbar degenerative disc disease, right lower extremity lumbar radiculopathy, myospasm and myofascial trigger points. Treatment to date: medication management, activity modification, lumbar ESI. A UR decision dated 6/18/14 denied the requests for Omeprazole, Terocin patches, Flurbiprofen 25%/Lidocaine 5% 5% Menthol, 5%/Camphor 1%, and Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%. Regarding Omeprazole, there are no specific complaints of gastric adverse defects attributed to medication use. Regarding Terocin patches, there was no indication of failed first levels of care prior to proceeding with the use of a Terocin patch. Regarding Flurbiprofen 25%/Lidocaine 5% 5% Menthol, 5%/Camphor 1%, and Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%. It has not been discussed why the patient requires a medication with components that are not guideline supported, as opposed to first line agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Proton Pump Inhibitor.

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

Decision rationale: 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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. According to the reports reviewed, it is documented that the patient is taking Naproxen for his pain. In addition, the UR decision dated 6/18/14 had certified the request for Naproxen. Guidelines support the use of Prilosec in patients currently utilizing NSAID therapy. Therefore, the request for Omeprazole (Prilosec) 20mg #60 was medically necessary.

Terocin Patches (Lidocaine, Menthol) 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In the reports reviewed, there is no documentation that the patient has ever been on a first-line agent. Additionally, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Terocin Patches (Lidocaine, Menthol) 4% was not medically necessary.

Compound - Flurbiprofen 25%/Lidocaine 5% 5% Menthol, 5%/Camphor 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Compounded Medications.

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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compound (Flurbiprofen 25%/Lidocaine 5% 5% Menthol, 5%/Camphor 1%) was required in this patient despite lack of guideline support was not provided. Therefore, the request for Compound - Flurbiprofen 25%/Lidocaine 5% 5% Menthol, 5%/Camphor 1% was not medically necessary.

Compound - Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Compounded Medications.

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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why this topical compound (Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025%) is necessary in this patient despite lack of guideline support was not provided. Therefore, the request for Compound - Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025% was not medically necessary.