

Case Number:	CM13-0048264		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2011
Decision Date:	03/06/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained a work related injury on October 12, 2011, while assisting with showering a resident, holding the resident tightly to prevent the resident from falling, noting pain in the low back that radiated to the legs. A lumbar MRI dated March 1, 2013 was noted to show a 5mm abnormal midline protrusion at L5-S1 and stenosis at L4-L5 from a 3mm central disc bulge. A copy of the lumbar MRI was not included in the documentation provided. An electrodiagnostic study dated June 12, 2013, noted there was electrophysiological evidence most consistent with a very severe right and mild left S1 radiculopathy. An electrodiagnostic study dated June 31, 2013, was noted to show no electrophysiological evidence of a cervical radiculopathy. A cervical spine MRI dated June 13, 2013, noted reversal of cervical lordosis and mild levo-sclerosis of the lumbar spine with tip at C5-C6, C4-C6 grade 1 retrolisthesis with mild canal stenosis and mild right neural foramina narrowing, C5-C6 moderate canal stenosis with moderate right and mild left neural foramina narrowing and a 5mm central disc protrusion, and C6-C7 moderate canal stenosis with a 4mm central disc protrusion. On July 26, 2013, the injured worker received an electromyography (EMG) and nerve conduction velocity (NCV) study with the impression of no evidence of lumbar radiculopathy and peripheral neuropathy. The injured worker's previous conservative treatments were noted to have included chiropractic care, physical therapy, acupuncture, and oral and topical medications. The Primary Treating Physician's report dated October 3, 2013, noted the injured worker with complaints of neck pain which interfered with sleep, low back pain, stress, and depression. The diagnoses included lumbar spine degenerative disc disease, cervical spine degenerative disc disease, and sleep

disorder. The injured worker was noted to be able to return to modified duty. The Physician requested authorization for Naproxen 550mg twice a day #60, Cyclo-Keto-Lido-Ultra Cream, Toprophan by mouth every hour of sleep #30, and Prilosec 20mg every day. On October 18, 2013, Utilization Review evaluated the request for Naproxen 550mg twice a day #60, Cyclo-Keto-Lido-Ultra Cream, Toprophan by mouth every hour of sleep #30, and Prilosec 20mg every day, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Pain, updated October 14, 2013. The UR Physician noted the requests were not medically necessary. The UR Physician noted there was no documentation of significant pain reduction or functional restoration noted with the use of the medications, and that long term use of non-steroid anti-inflammatory drugs (NSAIDs) was not without cardiovascular, GI, and renal risks. The UR Physician noted that topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The UR Physician noted the requested Naproxen 550mg twice a day #60, Cyclo-Keto-Lido-Ultra Cream, Toprophan by mouth every hour of sleep #30, and Prilosec 20mg every day were not consistent with the guidelines and were recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Keto-Lido ultra cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with unrated neck and lower back pain which interferes with sleep. Progress reports provided are handwritten, poorly scanned, and largely illegible. Patient has no documented surgical history directed at this complaint. The request is for CYCLO-KETO-LIDO-ULTRA CREAM. Physical examination 10/07/13 does not include any pertinent examination findings. The patient's current medication regimen is not specified in the reports provided. Patient is currently working modified duty. Diagnostic imaging included MRI of the cervical spine dated 06/12/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested compounded cream contains Cyclobenzaprine, and presumably Tramadol "Ultra-m", neither of which is supported by MTUS guidelines as topical agents. Lidocaine is also allowed in patch formulation only. The request IS NOT medically necessary.

Toprophan at bedtime, #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 (ODG), Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain chapter, medical food

Decision rationale: The patient presents with unrated neck and lower back pain which interferes with sleep. Progress reports provided are handwritten, poorly scanned, and largely illegible. Patient has no documented surgical history directed at this complaint. The request is for TOPROPHAN P.O. QHS #30. Physical examination 10/07/13 does not include any pertinent examination findings. The patient 's current medication regimen is not specified in the reports provided. Patient is currently working modified duty. Diagnostic imaging included MRI of the cervical spine dated 06/12/13. Toprophan is a Medical Nutritional Supplement consisting of vitamin B6, L-Tryptophan, chamomile, valerian extract, melatonin, inositol and other ingredients. The combination of these ingredients may aid patients in falling and staying asleep, ODG Medical Food guidelines apply. Regarding medical food, ODG states that it is intended for a specific dietary management of a disease or condition for which distinctive nutritional requirements are established by medical evaluation. To be considered, the product must meet the following criteria: 1. The product must be a food for oral or tube feeding. 2. The product must be labeled for dietary management of a specific medical disorder. 3. The product must be used under medical supervision. In regards to the request for Toprophan, a proprietary dietary supplement for the treatment of sleep complaints, the treater has not provided a reason for the request other than a diagnosis of an unspecified sleep disorder. Furthermore, there are no guideline recommendations for this particular supplement's use in the management of sleep complaints, nor a documented intent to monitor its use under medical supervision. Therefore, this request IS NOT medically necessary.

Prilosec 20mg everyday: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

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

Decision rationale: The patient presents with unrated neck and lower back pain which interferes with sleep. Progress reports provided are handwritten, poorly scanned, and largely illegible. Patient has no documented surgical history directed at this complaint. The request is for PRILOSEC 20MG QD. Physical examination 10/07/13 does not include any pertinent examination findings. The patient 's current medication regimen is not specified in the reports provided. Patient is currently working modified duty. Diagnostic imaging included MRI of the cervical spine dated 06/12/13. MTUS, Chronic Pain Medical Treatment Guidelines, page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for

prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis."In regards to the request for Prilosec as a prophylactic therapy secondary to high dose NSAID utilization, the request appears reasonable. While this patient has no documented history of GI complaints in the records provided, the utilization of a PPI such as Prilosec is warranted given this patient's prescribed dosage of 550mg Naproxen BID. Therefore, this request IS medically necessary.

Naproxen 550mg, #60 2x a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with unrated neck and lower back pain which interferes with sleep. Progress reports provided are handwritten, poorly scanned, and largely illegible. Patient has no documented surgical history directed at this complaint. The request is for NAPROXEN 550MG BID #60. Physical examination 10/07/13 does not include any pertinent examination findings. The patient 's current medication regimen is not specified in the reports provided. Patient is currently working modified duty. Diagnostic imaging included MRI of the cervical spine dated 06/12/13.Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.In regards to the request for Naproxen for the management of this patient's intractable chronic pain stemming from lumbar and cervical disc degeneration, the request appears reasonable. MTUS guidelines specify that NSAIDs such as Naproxen may be appropriate, at least in the short term, for the management of chronic pain. The first mention of Naproxen utilization is in the prescribing 10/07/13 report, indicating that this is an initial request for this particular medication. Therefore, this request IS medically necessary.