

Case Number:	CM14-0145466		
Date Assigned:	09/12/2014	Date of Injury:	04/11/2014
Decision Date:	05/20/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old man sustained an industrial injury on 4/11/2014. The mechanism of injury occurred when he was lifting pipes at work. Current diagnoses include lumbosacral/joint/ligament sprain/strain, sacral or thoracic neuritis or radiculitis and left sided lumbar radiculopathy. The injured worker has complaints of severe lower back pain. Treatment has included pharmacotherapy that was unsuccessful and 7 sessions of physical therapy at an unknown date that the injured worker stated made his back pain worse. On 9/4/2014, Utilization Review evaluated prescriptions for Diclofenac Sodium ER 100 mg twice per day, Omeprazole 20 mg twice per day, Lido Pro cream, and Tramadol 50 mg twice per day, that were submitted on 9/12/2014. The UR physician noted that there is no documentation of functional improvement with use of the medications listed. Further, the dosages, schedule, and quantity of medication is not specified. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and 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:

Diclofenac Sodium ER 100 mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Diclofenac Sodium (Voltaren, Voltaren-XR) generic available Page(s): 67, 68; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The injured worker has severe chronic back pain. NSAIDs are not recommended as first line therapy for chronic low back pain. The MTUS citation listed suggests, "NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants," when referring to treatment of chronic low back pain. The physician did not incorporate the quantity of medication specified and therefore the request of diclofenac sodium ER 100 mg BID is not medically necessary.

Omeprazole 20 mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: Omeprazole is a proton pump inhibitor used concurrently with NSAIDs to decrease the risk of development of an ulcer for patients who are at increased risk such as, "(1) age>65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID." The treating physician did not provide any clinical evidence to place the injured worker in the high-risk category. There is also no specified quantity of the medication being requested. As such the request for omeprazole 30 mg BID is not medically necessary.

LidoPro 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 Lidocaine Page(s): 112.

Decision rationale: The treating physician did not specify the quantity or frequency of use of the Lidopro cream. The MTUS citation listed states "the FDA notified consumers and healthcare professionals of the potential hazards of the use of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings." The guidelines also go on to state, "Only FDA-approved products are currently recommended." As such, the request for LidoPro cream is not medically necessary, as it is not FDA approved.

Tramadol 50 mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultra; Ultram ER; genera available in immediate release tablet); Opioids, criteria for use Page(s): 93; 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

Decision rationale: The treating physician did not specify the quantity of medication requested. There was no evidence of ongoing assessments of the four domains that "have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors." The Tramadol 50 mg BID is not medically necessary due to the absence of monitoring the outcome cited in the MTUS guidelines. There is also no specified quantity of the medication being requested. As such, the request is not medically necessary.