

Case Number:	CM14-0172029		
Date Assigned:	10/23/2014	Date of Injury:	06/11/2006
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 38 year old female sustained an industrial related injury on 06/11/2006 resulting in a crush injury with complex regional pain syndrome (CRPS). The results of the injury have included chronic gait problems and limp resulting in findings of piriformis syndrome and trochanteric bursitis. Current diagnoses include left lower extremity complex regional pain syndrome with associated left lumbar myofascial pain syndrome, left piriformis syndrome/trochanteric bursitis, gastritis, residual left ankle internal derangement, L4-L5, L5-S1 discopathy with possible left lumbar radiculitis, and bilateral common peroneal impingement due to limp. Recent treatments have included palliative piriformis Botox chemo-denervation, trigger point injections, consultations, and oral and topical analgesics. Diagnostic testing has included electromyography/nerve conduction studies showing sciatic nerve dysfunction without active denervation; ultrasound of the piriformis muscle which showed inflammatory changes; and MRIs of the lumbar spine which revealed small annular disc tears at the L4-L5 and L5-S1 levels with associated moderate-sized disc protrusions. There were no specific reasons provided for each medication. The injured worker's pain and functional deficits were unchanged. Activities of daily living were unchanged. Work functions were unchanged as the injured worker remained permanently disable and stationary. Dependency on medical care was unchanged. On 10/09/2014, Utilization Review non-certified prescriptions for Lidoderm patches, Dexilant patches, Voltaren gel, Lidoderm gel, Dulcolax 5 mg #60, and Zantac which were requested on 09/19/2014 and received on 10/01/2014. The Lidoderm patch was non-certified based on the medication not having been recommended for treatment of osteoarthritis or myofascial pain/trigger points, and because the dose, frequency, amount and number of refills were not provided. The MTUS Chronic Pain Medical Treatment guidelines were cited. This UR decision was appealed for an Independent Medical Review (IMR). The Dexilant patch was non-certified based on no drug

under this name having been found. If the request was for Dexilant, it was non-certified due to no clinical evidence that the injured worker was at risk for gastrointestinal events. It was also noted that the dose, frequency, amount, and number of refills were not provided. The ODG guidelines were cited. This UR decision was appealed for an IMR. The Voltaren gel was non-certified based on the non-recommendation of this medication as a first line treatment, the insufficient documentation of failure or intolerance to treatment with non-steroid anti-inflammatory drugs (NSAIDs), the increased risk of hepatic and cardiovascular risk, and lack of efficacy over NSAIDs. The MTUS Chronic Pain Medical Treatment guidelines were cited. This UR decision was appealed for an Independent Medical Review (IMR). The Lidoderm gel was non-certified based on the absence of recommendation for the treatment of neuropathic pain. The MTUS Chronic Pain Treatment guidelines were cited. This UR decision was appealed for an IMR. The Dulcolax 5 mg #60 was non-certified based on insufficient documentation of failed first-line treatment options, and the lack of evidence that the injured worker cannot benefit from the over-the-counter formulation of this medication. The MTUS Chronic Pain Treatment guidelines were cited. This UR decision was appealed for an IMR. The Zantac was non-certified based on the lack of documentation that the injured worker is at high risk for gastrointestinal bleeding or has current gastric related complaints. Moreover, the dose, frequency, amount and number of refills were not specified. The ACOEM guidelines were cited. This UR decision was appealed for an IMR. The submitted application for IMR requested an appeal for the non-certification of Lidoderm patches, Zantac, Dexilant, Voltaren gel, Lidoderm gel, and Dulcolax 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.

Zantac: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 120.

Decision rationale: According to MTUS guidelines, Zantac is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. There is no justification for the prescription of Zantac. Therefore the prescription of Zantac is not medically necessary.

Dexilant: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Dexilant is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAI drugs. Therefore, Dexilant prescription is not medically necessary.

Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-Selective NSAIDs Page(s): 111,107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine

pain such as lumbar spine pain and shoulder pain. Therefore request for Voltaren Gel 1% is not medically necessary.

Lidoderm gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm gel is unclear. There is no documentation of efficacy of previous use of Lidoderm gel. Therefore, the prescription of Lidoderm gel is not medically necessary.

Dulcolax 5 mg qty 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation treatment and (<http://worklossdatainstitute.verioiponly.com/odgtw/pain.htm#Opioidinducedconstipationtreatment>)

Decision rationale: According to ODG guidelines, Dulcolax is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the use of Dulcolax 5 mg is not medically necessary.