

Case Number:	CM14-0181042		
Date Assigned:	11/05/2014	Date of Injury:	05/18/2012
Decision Date:	01/31/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 injured worker is a 44-year-old male who reported an injury on 05/18/2012. While getting out of a police car, he injured his lower back. Diagnoses were lumbar radiculopathy, lumbar degenerative disc disease. The injured worker has been treated with therapy, conservative treatments, and home exercise program. Also, the injured worker had 2 epidurals. Physical examination dated 10/08/2014 revealed that the injured worker complained of flare ups 2 times a month. Medications were NSAIDs, muscle relaxants, and Vicodin. Examination revealed bilateral tenderness and spasms of the L3-5 paraspinal muscle. Motor examination was 5+ and equal in regard to lower extremities. Lumbar spine revealed decreased range of motion. Extension was to 10 degrees, flexion was to 40 degrees, and bilateral lateral bending was to 15 degrees, and rotation was to 20 degrees. Neurological examination revealed decreased sensory to pinprick along the left lateral leg. Treatment plan was to request a TENS unit for home use. Also, an anti-inflammatory medication was prescribed along with a proton pump inhibitor. An antispasmodic prescription was also prescribed to decrease spasms. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenniprofen 400mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 68.

Decision rationale: The decision for Fenniprofen 400mg #60, 3 refills, is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The efficacy of previous medications is unknown. The examination on 10/08/2014 reported that the injured worker was on NSAIDs, muscle relaxants and Vicodin. There was no VAS pain score noted. Also, the request does not indicate a frequency for the medication. California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The date of the examination was 10/08/2014 which is longer than recommended by the time this reviewer received this case. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (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's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore this request is not medically necessary.

Meds x2 Lenza patches #30, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs. Com:
<http://www.drugs.com/otc/121875/lenzapatch.html>, <http://www.drugs.com/cdi/ketoconazole-cream.html>

Decision rationale: The request for Meds x2 Lenza patches #30, 3 refills, is not medically necessary. According to drugs.com, the Lenza patch contains lidocaine and menthol. The California Medical Treatment Utilization Schedule Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a

trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not reported that the injured worker had tried a tricyclic or an SNRI antidepressant or an AED medication with failure. Also, it was not reported that the injured worker had peripheral pain. There were no other significant factors provided to justify the use outside current guidelines. Therefore, this request is not medically necessary. The California Medical Treatment Utilization Schedule, California ACOEM, and Official Disability Guidelines do not address K-rub cream. Drugs.com was referenced. Drugs.com states that K-rub is ketoconazole cream, is an imidazole antifungal. It works by killing sensitive fungi by interfering with the formation of the fungal cell membrane and weakening it. The weakened cell membrane allows the cell contents to leak out and results in the death of the fungus. The medical records submitted for review did not have documentation that the injured worker had a fungal infection. There were no other significant factors provided to justify the use of K-rub cream. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 70, 68,64.

Decision rationale: The decision for Cyclobenzaprine 7.5mg #60 is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The efficacy of previous medications is unknown. The examination on 10/08/2014 reported that the injured worker was on NSAIDs, muscle relaxants and Vicodin. There was no VAS pain score noted. Also, the request does not indicate a frequency for the medication. California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The date of the examination was 10/08/2014 which is longer than recommended by the time this reviewer received this case. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (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's. The

medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore this request is not medically necessary.

Omeprazole 20mg #30, refills 3: Upheld

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

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

Decision rationale: The decision for Omeprazole 20mg #60, 3 refills: is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The efficacy of previous medications is unknown. The examination on 10/08/2014 reported that the injured worker was on NSAIDs, muscle relaxants and Vicodin. There was no VAS pain score noted. Also, the request does not indicate a frequency for the medication. California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The date of the examination was 10/08/2014 which is longer than recommended by the time this reviewer received this case. The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (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's. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore this request is not medically necessary.

K-rub cream 60gm #2, refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111,112. Decision based on Non-MTUS Citation Drugs. Com: <http://www.drugs.com/otc/121875/lenzapatch.html>, <http://www.drugs.com/cdi/ketoconazole-cream.html>.

Decision rationale: The request for K-rub cream 60gm #2, 3 refills is not medically necessary. According to drugs.com, the Lenza patch contains lidocaine and menthol. The California Medical Treatment Utilization Schedule Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not reported that the injured worker had tried a tricyclic or an SNRI antidepressant or an AED medication with failure. Also, it was not reported that the injured worker had peripheral pain. There were no other significant factors provided to justify the use outside current guidelines. Therefore, this request is not medically necessary. The California Medical Treatment Utilization Schedule, California ACOEM, and Official Disability Guidelines do not address K-rub cream. Drugs.com was referenced. Drugs.com states that K-rub is ketoconazole cream, is an imidazole antifungal. It works by killing sensitive fungi by interfering with the formation of the fungal cell membrane and weakening it. The weakened cell membrane allows the cell contents to leak out and results in the death of the fungus. The medical records submitted for review did not have documentation that the injured worker had a fungal infection. There were no other significant factors provided to justify the use of K-rub cream. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.