

Case Number:	CM14-0189608		
Date Assigned:	11/20/2014	Date of Injury:	09/12/2011
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 53-year-old female with a 9/12/11 date of injury. The patient underwent a lumbar surgery on 05/05/2013. The patient was seen on 9/18/14 with complaints of 8/10 constant low back pain radiating into the legs and associated weakness, numbness and tingling. Exam findings of the lumbar spine revealed tenderness to palpation over the bilateral paraspinals, diminished range of motion in all planes due to pain and positive SLR test on the left. There was diminished strength in the left gastrocnemius and extensor hallucis longus and the sensation was diminished along the left lower extremity. The patient reported significant relief with topical cream, pain relief with her current medications and occasional nausea due to her medications. The patient was noted to be on Norco 10/325 mg, naproxen 550mg, omeprazole 20 mg and gabapentin 600 mg. The diagnosis is status post lumbar fusion, post laminectomy syndrome, lumbar herniated nucleus pulposus and lumbar radiculopathy. Treatment to date: lumbar surgery, spinal cord stimulator, work restrictions, topical creams and medications. An adverse determination was received on 10/14/14 for a lack of recent exacerbation in the patient's complaints; GI disturbances; rationale regarding the use of compounded cream and trial of oral anti-inflammatories and anticonvulsants. The request for Norco 10/325mg #120 was denied, however one month supply was approved for weaning purposes due to a lack of documentation indicating functional improvements and decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the recent UDS test was not available for the review. Lastly, the UR decision dated 10/14/14 approved a one-month supply of Norco for weaning purposes. Therefore, the request for Norco 10/325mg #120 was not medically necessary.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is a lack of documentation indicating functional gains from prior use of Naproxen. In addition, there is no rationale indicating the necessity for Naproxen for the patient. Therefore, the request for Naproxen 550mg #90 was not medically necessary.

Omeprazole 20mg #60: 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): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA 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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. However, 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. In addition, during the encounter dated 9/18/14 the patient complained of occasional nausea due to her medications and there remains no report of gastrointestinal complaints. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

Topical Creams: Flurbiprofen 180g and Gabaclycotram 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation US FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics 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, 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. However, the requested topical cream contains at least one drug group, which is not recommended due to the Guidelines. In addition, there remains sparse documentation as to why the prescribed compound formulation would be required despite adverse evidence. Therefore, the request for Topical Creams: Flurbiprofen 180g and Gabaclycotram 180g was not medically necessary.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocin Patch Page(s): 112.

Decision rationale: Terocin Patch contains 4% lidocaine and 4% menthol. CA 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 (tri-cyclic or SNRI anti-depressants or an AED

such as gabapentin or Lyrica). However, there is a lack of documentation indicating that the patient tried and failed first-line oral therapy for localized peripheral pain. In addition, there is no rationale indicating the necessity for Terocin patch for the patient. Therefore, the request for Terocin patches #30 was not medically necessary.