

Case Number:	CM14-0190586		
Date Assigned:	11/24/2014	Date of Injury:	09/11/2000
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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 58-year-old female with a 9/11/00 date of injury. The progress notes indicated that the patient was utilizing Prilosec, Lidoderm patch and Icy-hot at least from 9/16/13. The patient was seen on 10/28/14 with complaints of continued low back and left leg pain; neck pain with stiffness; weight gain and continued joint pain, wrist pain and numbness and tingling of the hands. Exam findings revealed tightness and tenderness over the cervical and lumbar paraspinals, and the upper trapezius muscles. The patient was alert and oriented x3. The diagnosis was chronic lumbago, lumbar disc injuries, and chronic pain syndrome with depression and lumbosacral radiculopathy. Treatment to date: work restrictions, TENS unit, HEP, Lidoderm patches, Icy Hot, and medications. An adverse determination was received on 11/3/14 for a lack of functional improvement; documented neuropathic pain; subjective findings of depression and a lack of established medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID #60 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 11th Edition (web), 2014, Pain, Proton, Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines FDA (Prilosec)

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. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. The progress notes indicated that the patient was utilizing Prilosec at least from 9/16/13; however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the Guidelines state that 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. Lastly, there is a lack of documentation indicating that the patient suffered from GI complaints and there is no rationale with regards to the necessity for an extended treatment with Prilosec for the patient. Therefore, the request for Prilosec 20mg BID #60 2 refills is not medically necessary.

Topical Analgesic/NSAID 240g with 2 refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. However, there is a lack of documentation indicating subjective and objective functional gains from prior use of topical analgesics. In addition, the Guidelines state that the effect diminishes after few weeks. Given, that the patient's injury was over 14 years ago, the duration of treatment with topical analgesics is not clear. Lastly, there is no rationale with regards to the necessity for an extended treatment with this medication for the patient. Therefore, the request for Topical Analgesic/NSAID 240g with 2 refills is not medically necessary.

Lidoderm Patches for topical pain control # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13-14, 56-57, 67 and 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

Decision rationale: 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The progress notes indicated that the patient was utilizing Lidoderm patches at least from 9/16/13; however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, it is not clear if the patient tried and failed a trial of first-line therapy for neuropathic pain. Lastly, the area of application was not specified in the request. Therefore, the request for Lidoderm Patches for topical pain control # 60 with 2 refills is not medically necessary.

Wellbutrin 150mg BID for pain coping #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 11th Edition (web), 2014, Pain, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter-Antidepressants)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. However, there is a lack of documentation indicating that the patient suffered from depression. In addition, it is not clear for how long the patient was utilizing Wellbutrin and there is no report indicating subjective and objective functional gains from prior use. Lastly, the UR decision dated 11/3/14 certified a 30-day supply of Wellbutrin for weaning purposes. Therefore, the request for Wellbutrin 150mg BID for pain coping #60 with 2 refills is not medically necessary.

Icy-Hot Patches for topical pain control #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 13-14, 56-57, 67 and 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylates Page(s): 105,111-113.

Decision rationale: Icy Hot products contain menthol, a combination of menthol and camphor, and a combination of menthol and methyl salicylate. CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. CA MTUS states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. With regard to brand name topical salicylates, these products have the same formulation as over-

the-counter products such as BenGay. Thus, with regard to Brand name topical salicylates, it has not been established that there is any necessity for a specific brand name. In addition, the progress notes indicated that the patient was utilizing Icy-hot at least from 9/16/13; however there is a lack of documentation indicating subjective and objective functional gains from prior use. Therefore, the request for Icy-Hot patches for topical pain control #60 2 refills is not medically necessary.