MAXIMUS Federal Services

Case Number:	CM14-0204700		
Date Assigned:	12/17/2014	Date of Injury:	07/16/2010
Decision Date:	02/05/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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. The expert reviewer is Board Certified in Neurological Surgery, 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:

The patient is a 53-year-old woman sustained a work-related injury on July 16, 2010. Subsequently, the patient sustained chronic low back pain. According to the treatment appeal report dated November 21, 2014, the patient noted an increase in her lower back pain. she described her pain as a dull ache that was axial in nature and she reported no radicular symptoms into her lower extremities. She did note that her right great toe has been numb recently. She stated that usually her home exercise program as well as medications help to decrease her back pain down from a 7/10 to a 5/10, although this was not been the case recently, she rated her back pain at a 7/10. With regards to her medications, she uses Prozac daily for depression, Capsaicin as a topical cream on her lower back, Naproxen as an anti-inflammatory, as well as Protonix for GI protection with the use of her oral medications. Examination of the lumbar spine revealed the presence of pain with axial loading of the facet joints, bilaterally. Deep tendon reflexes were symmetrical bilaterally to the patella and Achilles. There was no clonus sign noted bilaterally. Sensation was intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise was negative. Spasm and guarding as noted in the lumbar spine. MRI of the lumbar spine dated November 20 2014 showed multilevel moderate to severe degenerative disc disease of the lumbar spine. Disc protrusion was noted at L2-3, L3-4, L4-5, and L5-S1 causing canal and foraminal stenosis. Grade I anterolisthesis of L4 on L5. X-ray of the lumbar spine dated January 22, 2013 showed marked disc space narrowing with marginal spurring and facet arthrosis at L4-5 and L5-S1 with milder degenerative changes at L2-3 and L3-4. Very mild grade 1 anterolisthesis of L4 on L5. EMG/NCS of the bilateral lower extremities performed on December 12, 2011 demonstrated electrodiagnostic evidence of a chronic left L5 lumbar radiculopathy with evidence of chronic denervation changes in multiple muscles of the L5 myotome on the left. There were

findings suggestive, but not diagnostic, of chronic right L5 lumbar radiculopathy. The provider requested authorization for Pantoprazole, Naproxen, Fluoxetine, and Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprozole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPIs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix 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 gastro-duodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Pantoprazole 20mg #60 is not medically necessary.

Naproxen Sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Page(s): 72.

Decision rationale: There is no documentation of the rationale behind the long-term use of Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider used Naproxen to the lowest effective dose and used it for the shortest period possible. Naproxen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Naproxen 550 mg #90 is not medically necessary.

Fluoxetine 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antidepressants for chronic pain, http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm.

Decision rationale: According to the ODG guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Fluoxetine is not a tricyclic antidepressant but a Selective serotonin reuptake inhibitor. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain.There is no documentation that the patient failed tricyclic drugs or efficacy of previous use of Fluoxetine. Therefore, the request for Fluoxetine 20 mg #30 is not medically necessary.

Capsaicin cream 0.075%: Upheld

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

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

Decision rationale: 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. That 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. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). Therefore, Capsaicin cream is not medically necessary.