

Case Number:	CM14-0045640		
Date Assigned:	06/27/2014	Date of Injury:	01/15/2009
Decision Date:	04/10/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 54-year-old female, who sustained an industrial injury on January 15, 2009. Her diagnoses include cervical degenerative disc disease and degenerative joint disease with herniated nucleus pulposus at cervical 3-4, cervical 4-5, and cervical 5-6; lumbar degenerative disc disease and degenerative joint disease with herniated nucleus pulposus at lumbar 4-5 and lumbar 5-sacral 1 with radiculopathy; status post left knee medial and lateral meniscectomy and abrasion chondroplasty; posttraumatic arthrosis of the acromioclavicular joints, left greater than right; left hip sprain, stress and anxiety, and insomnia. She has been treated with work modifications, urine drug screening, and medications including pain, antidepressant, and proton pump inhibitor. On February 5, 2014, her treating physician reports increased depression, left anterolateral hip pain, and moderate neck, back, and left knee pain. She requested the non-generic antidepressant as the generic did not work for her. She uses a cane in her right when walking on the street for some support. The physical exam revealed an antalgic and slightly stiff gait in her back and left hip. She cannot squat due to her knee. There was positive left sitting and lying straight leg raises, mildly decreased motor and sensory functions in the left lower extremity at lumbar 4-sacral 1, and tenderness over the anterior superior iliac spine of the hip. The treatment plan includes renewal of the current pain, antidepressant, and proton pump inhibitor medications. On April 3, 2014, the injured worker submitted an application for IMR for review of a prescription for Prozac 20mg #60, a prescription for Prilosec 20mg #90, and a prescription for Topical Cream: Ketoprofen, Tramadol, and Gabapentin. The Prozac was modified based on the patient responds to brand name Prozac, but not the generic. The Prilosec

was non-certified based on lack of documentation of gastrointestinal complaints of use of non-steroidal anti-inflammatory drugs chronically. The Topical Cream: Ketoprofen, Tramadol, and Gabapentin was non-certified based on the guidelines do not recommend any compound product that contains at least one drug (or drug class) that is not recommended, and this compound product contains a non-steroidal anti-inflammatory and an opioid that are not recommended. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg # 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document long-term NSAID nonsteroidal anti-inflammatory drug use. NSAID use is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.

Topical creams: Ketoprofen, Tramadol, Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a

diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate a history of chronic shoulder, hip, knee, neck, and back complaints. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of a NSAID topical NSAID is not supported by MTUS guidelines. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin and the NSAID Ketoprofen is not supported by MTUS. Therefore, the request for topical cream containing Ketoprofen, Tramadol, and Gabapentin is not medically necessary.