

Case Number:	CM15-0000201		
Date Assigned:	01/09/2015	Date of Injury:	11/25/2008
Decision Date:	03/06/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/02/2015

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: Physical Medicine & Rehabilitation

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 71 year old female who sustained an industrial related injury on 11/25/08. The treating physician's report dated 10/23/14 noted the injured worker had complaints of persistent lower back pain. The injured worker was report to have been performing lumbar spine exercises daily. The physical examination revealed tight lumbar paravertebral musculature and loss of the normal lordotic curve secondary to spasm. Midline tenderness at L5-S1 was noted. Range of motion with forward flexion was 30 degrees and extension was 10 degrees. Diagnoses included lumbar disc displacement with myelopathy, herniated nucleus pulposus with myelopathy, and lumbar spinal stenosis. The injured worker was prescribed Norco, Orphenadrine, Omeprazole, Anaprox, and Flurbiprofen. On 12/24/14 the requests for Flurbiprofen topical cream 30grams and Flurbiprofen topical cream 60grams were non-certified. The request for Omeprazole 20mg #60 was modified. Regarding Flurbiprofen, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The UR physician noted there was no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. Therefore the requests were denied. Regarding Omeprazole, the UR physician cited the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The UR physician noted the request was modified to a quantity of 30 to comply with guideline recommendations of once daily dosage recommendations and to prevent future symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

omeprazole 20mg QTY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Pain Outcomes and Endpoints Page(s): 68-69,8-9.

Decision rationale: According to the 12/24/14 Utilization Review letter, the omeprazole 20mg, #60, requested on the 11/20/14 medical report was modified to #30 because it is a once daily dosage. The patient is a 70-year-old female that injured her low back on 11/25/2008. The 11/20/14 orthopedic report states the patient has persistent low back pain radiating to the right lower extremity. The patient was prescribed omeprazole 20mg #60, bid. There was no discussion of efficacy for omeprazole. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also Determine if the patient 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 MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" The patient is over age 65 and uses naproxen and meets MTUS criteria for being at risk for GI events. The dosing information for Prilosec/omeprazole is 20mg per day for most conditions with an exception for pathological hypersecretory conditions. The available medical reports did not discuss any pathological hypersecretory conditions or provide a rationale for dosing over the FDA recommendations. There was no discussion of efficacy with use of omeprazole. The use of omeprazole without documentation of functional improvement is not in accordance with MTUS guidelines. Based on the available information, the request for Omeprazole 20mg, Qty: #60, IS NOT medically necessary.

Flurbiprofen topical cream 30 grams: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 12/24/14 Utilization Review letter, the Flurbiprofen topical cream 30 gm, requested on the 11/20/14 medical report was denied because it is not recommended for long-term use and there was no discussion of intolerance to similar oral medications. The 11/20/14 orthopedic report states the patient has persistent low back pain radiating to the right lower extremity. The patient was prescribed Flurbiprofen 25% topical

cream to the lumbar spine bid. There was no discussion of efficacy for Flurbiprofen topical. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of flurbiprofen topical over the lumbar spine is not in accordance with MTUS. The request for Flurbiprofen topical cream 30 gmIS NOT medically necessary.

Flurbiprofen topical cream 60 gms: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 12/24/14 Utilization Review letter, the Flurbiprofen topical cream 60 gm, requested on the 11/20/14 medical report was denied because it is not recommended for long-term use and there was no discussion of intolerance to similar oral medications. The 11/20/14 orthopedic report states the patient has persistent low back pain radiating to the right lower extremity. The patient was prescribed Flurbiprofen 25% topical cream to the lumbar spine bid. There was no discussion of efficacy for Flurbiprofen topical. MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" under the section on topical NSAIDs states: this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of flurbiprofen topical over the lumbar spine is not in accordance with MTUS. The request for Flurbiprofen topical cream 60 gmIS NOT medically necessary.