

Case Number:	CM15-0005758		
Date Assigned:	01/26/2015	Date of Injury:	12/01/2006
Decision Date:	04/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 male injured worker suffered an industrial injury on 12/1/2006. The diagnoses were lumbar spine discectomy with laminectomy 1996, cervical sprain/strain, and anxiety, and gastrointestinal disturbance, aggravation of diabetes, sleep disturbance and sexual dysfunction. The treatments were medications. The treating provider reported recent increase in low back pain with increased lower extremity weakness. Physical exam revealed sacroiliac tenderness and pain in the lower lumbar region. Muscle spasms were noted along with reduced range of motion. The Utilization Review Determination on 12/15/2014 non-certified: 1. Lyrica, citing MTUS Chronic Pain Treatment Guidelines 2. Duexis, citing MTUS Chronic Pain Treatment Guidelines 3. Flector Patch, citing MTUS Chronic Pain Treatment Guidelines, topical analgesics 4. Diclofenac XR 100mg #30, citing MTUS Chronic Pain Treatment Guidelines 5. APAP with Codeine 300mg/30mg #60, citing MTUS Chronic Pain Treatment Guidelines 6. Prilosec 20mg #30, citing MTUS Chronic Pain Treatment Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (dose and amount not provided) on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Lyrica Page(s): 15, 20.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy medications are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. A "good" response to therapy with this medication is described as a 50% reduction in complaints of neuropathic pain. In this case, this patient has low back pain (LBP) without documentation of neuropathic pain. Lyrica has been used in the past. However, there is no documentation that guidelines have been met. In addition, the specific dose and amount of medication were not provided. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Duexis (dose and amount not provided) on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine (Pepcid). Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) and Famotidine is an H2 antagonist for gastrointestinal (GI) protection. Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is no documentation indicating a history of GI distress symptoms or specific GI risk factors. In addition, the specific dose and amount of medication were not provided. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Flector Patch (dose and amount not provided) on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Flector Patch.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. There is little evidence that supports the medication use in the treatment of chronic low back pain. Of note in this case, the specific dose and amount of medication were not provided. Medical necessity for the requested Flector patch has not been established. The requested item is not medically necessary.

Diclofenac XR 100mg #30 on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LBP.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is documentation of functional benefit in the past. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

APAP with Codeine 300/30mg #60 on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Codeine.

Decision rationale: According to the California MTUS Guidelines, APAP with Codeine (Tylenol with Codeine or Tylenol #3) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended.

Prilosec 20mg #30 on 11/7/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, PPI's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.