

Case Number:	CM15-0103758		
Date Assigned:	06/02/2015	Date of Injury:	05/04/2011
Decision Date:	07/07/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/22/2015

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 Jersey, New York

Certification(s)/Specialty: Family Practice

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 40 year old male injured worker suffered an industrial injury on 05/04/2011. The diagnoses included lumbar post-laminectomy syndrome with bilateral lower extremity radicular symptoms, lumbar fusion and medication induced gastritis. The diagnostics included lumbar and right hip magnetic resonance imaging, lumbar computerized tomography. The injured worker had been treated with medications. On 3/24/2015 the treating provider reported ongoing and debilitating pain in the lower back, radiating down to both lower extremities to the bottom of the feet. He was utilizing a cane for mobility. He reported the medications provided 30% to 40% pain relief. The treatment plan included Naproxen, Omeprazole, Cyclobenzaprine, KETO Ointment, and FCMC ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for Naprosyn is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. The patient only had 30-40% pain reduction with medications. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. The patient was already experiencing gastritis, therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI, NSAIDs, GI risk.

Decision rationale: The request for Omeprazole is not medically necessary. The patient was on Naproxen but was younger than age 65, had no history of PUD, GI bleeding or perforation, did not use aspirin, corticosteroids, or an anticoagulant, and was not on high dose of multiples NSAIDs. However, he was already experiencing gastritis and required Omeprazole twice a day due to his NSAID use. However, because Naproxen will not be certified, Omeprazole will not be necessary. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on opioids as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There are statements documenting improvement in pain by 30-40% while using his medications but no specific details are listed as to functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is not medically necessary.

KETO Ointment, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Ketoprofen is not FDA approved for topical application. The patient has also been on oral NSAIDs and should not be combined with topical applications. Therefore, the request is not medically necessary.

FCMC ointment 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105,111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs have shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis and tendinitis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. The patient has also been on oral NSAIDs and should not be combined with topical applications. Therefore, the request is not medically necessary.