

Case Number:	CM15-0106320		
Date Assigned:	06/10/2015	Date of Injury:	05/28/2007
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 70 year old female, who sustained an industrial injury on 5/28/2007, as a result of cumulative trauma. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, muscle spasm, lumbago, and lumbar spinal stenosis. Treatment to date has included medications. Currently, the injured worker complains of low back pain, rated 4/10. Pain was documented as constant, worsened with exertion, present for three weeks, and alleviated with Tylenol. A history of reflux was documented as a result of taking non-steroidal anti-inflammatory drugs for chronic pain management. Exam of the cervical spine noted tenderness to palpation along the right neck accessory muscles. Exam of the lumbar spine noted tenderness at L2-3 and L3-4 at the facet joints, mild atrophy of the lower extremity, spasm at the lumbar region, and decreased range of motion. The treatment plan included prescribed Voltaren gel, Dexilant capsules, and Flector transdermal patch. A previous progress report (1/14/2015) noted complaints of neck pain, with current medication use noted as Tylenol and Vicodin as needed, and recommended Voltaren gel and Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch (Diclofenac epolamine) 1.3% #60, Refills 2: 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: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). 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. There 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 the patient failed oral NSAID. Based on the patient's records, the prescription of FLECTOR patches 1.3% #60 with 2 refills is not medically necessary.

Dexilant (Dexlansoprazole) 60mg #30, Refills 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Dexilant 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 gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAI drugs. Therefore, the request for Dexilant 60mg #30 with 6 refills is not medically necessary.