

Case Number:	CM15-0137249		
Date Assigned:	07/27/2015	Date of Injury:	07/24/2002
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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:

This is a 40 year old male with a July 24, 2002 date of injury. A progress note dated June 3, 2015 documents subjective complaints (severe pain for two weeks; radiation to lower extremity; back pain radiates to lower extremity with burning and numbness), objective findings (abnormal reflexes; decreased range of motion of the lumbar spine; painful lateral rotations bilaterally; positive straight leg raise; decreased sensation right greater than left; tenderness to palpation of the lumbar paraspinal muscles with hypertonicity; tenderness to palpation of the L5-S1 facet joint; using a cane), and current diagnoses (lumbar discogenic syndrome; lumbar sprain/strain; lumbosacral or thoracic neuritis; insomnia; myofascial pain). Treatments to date have included acupuncture that was not helpful, transcutaneous electrical nerve stimulator unit, home exercise, medications, and physical therapy. The treating physician documented a plan of care that included Omeprazole, Lidopro cream, an unknown transcutaneous electrical nerve stimulator unit, and a trial of Lido spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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): 69.

Decision rationale: This patient presents with low back pain that radiates to lower extremity with burning and numbness. The current request is for Omeprazole 20mg #60. The RFA is dated 06/03/15. Treatments to date have included acupuncture, chiropractic treatments, TENS unit, home exercise, medications, and physical therapy. The patient is not working. MTUS pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." According to progress report 06/03/15, the patient presents with severe low back pain that radiates to lower extremity with burning and numbness. Objective findings revealed abnormal reflexes; decreased range of motion of the lumbar spine; painful lateral rotations bilaterally; positive straight leg raise; decreased sensation right greater than left; tenderness to palpation of the lumbar paraspinal muscles with hypertonicity; and tenderness to palpation of the L5-S1 facet joint. The treater has requested a refill of Omeprazole. The patient has been prescribed Omeprazole concurrently with Naproxen since at least 01/19/15. In this case, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. The progress reports indicate long term of an NSAID, but there is no evidence of gastric problems, or any mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Lidopro cream 121gm: 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: This patient presents with low back pain that radiates to lower extremity with burning and numbness. The current request is for LidoPro cream 121gm. The RFA is dated 06/03/15. Treatments to date have included acupuncture, chiropractic treatments, TENS unit, home exercise, medications, and physical therapy. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are

indicated for neuropathic pain." According to progress report 06/03/15, the patient presents with severe low back pain that radiates to lower extremity with burning and numbness. Objective findings revealed abnormal reflexes; decreased range of motion of the lumbar spine; painful lateral rotations bilaterally; positive straight leg raise; decreased sensation right greater than left; tenderness to palpation of the lumbar paraspinal muscles with hypertonicity; and tenderness to palpation of the L5-S1 facet joint. Per report 05/18/15, a trial of Lido Pro ointment was recommended. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion/cream form, per MTUS. Therefore, the request is not medically necessary.

Unknown TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: This patient presents with low back pain that radiates to lower extremity with burning and numbness. The current request is for Unknown TENS unit. The RFA is dated 06/03/15. Treatments to date have included acupuncture, chiropractic treatments, TENS unit, home exercise, medications, and physical therapy. The patient is not working. Per MTUS Guidelines under TENS chronic pain (transcutaneous electrical nerve stimulation, page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. According to progress report 06/03/15, the patient presents with severe low back pain that radiates to lower extremity with burning and numbness. Objective findings revealed abnormal reflexes; decreased range of motion of the lumbar spine; painful lateral rotations bilaterally; positive straight leg raise; decreased sensation right greater than left; tenderness to palpation of the lumbar paraspinal muscles with hypertonicity; and tenderness to palpation of the L5-S1 facet joint. The treater recommends that the patient continue utilizing the TENS unit. Per report 01/19/15, "he uses TENS and Naproxen, which helps with pain about 30-40%." The patient has been utilizing a TENS unit on a long term basis and the reports note that the TENS unit has provided 30-40% pain relief. Although the patient has reported a decrease in pain with the use of a TENS unit, there is no discussion of 'functional improvement' as required by MTUS for additional usage. Furthermore, the treater does not specify whether this request is for a rental or purchase. Therefore, the request is not medically necessary.

Trial of Lido spray: Upheld

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

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

Decision rationale: This patient presents with low back pain that radiates to lower extremity with burning and numbness. The current request is for Trial of Lido spray. The RFA is dated 06/03/15. Treatments to date have included acupuncture, chiropractic treatments, TENS unit, home exercise, medications, and physical therapy. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." According to progress report 06/03/15, the patient presents with severe low back pain that radiates to lower extremity with burning and numbness. Objective findings revealed abnormal reflexes; decreased range of motion of the lumbar spine; painful lateral rotations bilaterally; positive straight leg raise; decreased sensation right greater than left; tenderness to palpation of the lumbar paraspinal muscles with hypertonicity; and tenderness to palpation of the L5-S1 facet joint. The treater initiated a trial of Lido Spray on 06/03/15. A rationale for the requested medication was not provided. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion/cream form, per MTUS. Therefore, the request is not medically necessary.