

Case Number:	CM15-0160225		
Date Assigned:	08/26/2015	Date of Injury:	02/13/2013
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Internal 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 male, who sustained an industrial injury on 2-13-2013. He reported low back pain. The mechanism of injury is not indicated. The injured worker was diagnosed as having status post posterior instrumentation and fusion at L3-4 with foraminotomy at L3-4 on the right, second stage procedure, status post anterior lumbar interbody fusion at L3-4 with subsidence of the cage, first stage procedure, and right sacroiliitis. Treatment to date has included medications, home exercises, back brace, and low back surgery. The request is for Naproxen, Omeprazole, Flurbiprofen-Lidocaine-Lipoderm base 30 grams; and Flurbiprofen-Lidocaine-Lipoderm base 120 grams. On 2-27-2015, he was seen for a 6 month post-operative visit for low back surgery. He reported doing well, and his right anterior thigh pain is resolved. He continued to have back pain over the sacroiliac joint. He has completed one course of physical therapy. The treatment plan included: continued physical therapy, Naprosyn, wean from the back brace, and updated x-rays at the next visit. He is temporarily totally disabled. On 3-27-2015, he is seen for post-operative visit. He indicated his back and leg pain were improved. He continued to report back and leg pain; however it is a different type of pain than prior to surgery. The treatment plan included continued physical therapy and weaning from the back brace. He is temporarily totally disabled. On 6-26-2015, he reported continued radiating right leg pain. He is scheduled for electrodiagnostic studies. He also reported low back pain over the right sacroiliac joint. The treatment plan included: electrodiagnostic studies, consideration for an injection of the right sacroiliac joint. He is temporarily totally disabled. On 8-21-2015, the provider noted he had requested authorization for a right sacroiliac joint injection that has not been authorized to date. He reported continued pain over the right sacroiliac joint with radiation into the right buttock and posterior thigh. The treatment plan included: right sacroiliac joint

injection, continue Naprosyn and Prilosec. He is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS states Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the CA MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The CA MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the records indicate long term use of NSAIDs with no noted benefit. There is no discussion of periodic monitoring of blood work. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Naproxen Sodium 550mg #60 is not medically necessary.

Flurbiprofen 25%-Lidocaine 5% in Lipoderm Base 120gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The CA MTUS recommend topical analgesics as an option, primarily for neuropathic pain when trials of anti-

depressants and anti-convulsants have failed. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical creams containing NSAIDs may be recommended for short term for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. The CA MTUS guidelines indicate that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In this case, the requested Flurbiprofen 25%-Lidocaine 5% in Lipoderm Base 120gm tube is not discussed in the available records. There is no discussion of post-herpetic neuralgia. There is no discussion of trial and failure of anti-depressants and anticonvulsants. Therefore, the request for Flurbiprofen 25%-Lidocaine 5% in Lipoderm Base 120gm tube is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The CA MTUS is silent specifically regarding Prilosec (Omeprazole). Per the ODG guidelines, Prilosec is a proton pump inhibitor. The CA MTUS guidelines indicate that proton pump inhibitors are recommended in those patients who are risk for gastrointestinal events and no cardiovascular disease. The gastrointestinal event risk factors include: age over 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant, or high dose or multiple oral NSAID (non-steroidal anti-inflammatory drug) use. There is no evidence documented that this injured worker is at risk of gastrointestinal events, and there is no evidence of a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, or high dose or multiple oral NSAID use. Naproxen Sodium is determined not medically necessary. The Requested Treatment: Omeprazole 20mg #60 is not medically necessary.

Flurbiprofen 25%-Lidocaine 5% in Lipoderm base 30gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. The CA MTUS recommend topical analgesics as an option, primarily for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical creams containing NSAIDs may be recommended for short term for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. The CA MTUS guidelines indicate that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There are no

clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). In this case, the requested Flurbiprofen 25%-Lidocaine 5% in Lipoderm base 30gm tube is not discussed in the available records. There is no discussion of post-herpetic neuralgia. There is no discussion of trial and failure of anti-depressants and anticonvulsants. Therefore, the request Flurbiprofen 25%-Lidocaine 5% in Lipoderm base 30gm tube is not medically necessary.