

Case Number:	CM15-0162854		
Date Assigned:	08/31/2015	Date of Injury:	03/10/2015
Decision Date:	10/22/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/19/2015

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:

The injured worker is a 28 year old male, who sustained an industrial injury on March 10, 2015. On May 6, 2015 the documentation reveals the injured worker had no major medical problems in his medical history and he had no report of cardiovascular complaints or gastrointestinal complaints. On June 24, 2015, the injured worker complained of low back pain which increased and extended into the posterior thighs. On physical examination the injured worker ambulated with a normal gait pattern. His back was negative for list, scoliosis or pelvic obliquity. He had no localized tenderness of the lower lumbar including the midline as well as sciatic outlet. There was tenderness of the paralumbar area. His flexion range was 55 degrees associated with complain of pain in the region of the thighs, extension 20 degrees and side bending to the right 20 degrees and left 20 degrees. His neurological-lower examination was normal. X-rays of the lumbar spine were "normal." An MRI of the lumbar spine on April 27, 2015 was defined as revealing mild disc degeneration at L3-L4 and L4-L5; focal central extrusion measuring 6 mm at L4-L5 which migrated caudally and resulted in severe central spinal stenosis and compromise of the right traversing nerve root. In addition there were early changes of asymmetric atrophy of the caudal aspect of the right multifidus muscle. A course of steroid medication "did not help him." He benefitted from physical therapy. The injured worker was diagnosed as having lumbar strain with probable lumbar radiculopathy. Treatment to date has included steroid medications, physical therapy, and pain medications. A request for authorization for MED Retro DOS 6/24/2015 Terocin patches #10, Relafen 500 mg #60, Omeprazole 20 mg capsule #90 was received on June 24, 2015. The Utilization Review physician determined on July 17, 2015 that

MED Retro DOS 6/24/2015 Terocin patches #10, Relafen 500 mg #60, Omeprazole 20 mg capsule #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Terocin Pain Patches #10, DOS: 06/24/15: 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): Lidoderm (lidocaine patch).

Decision rationale: Based on the 06/24/15 progress report provided by treating physician, the patient presents with low back pain which increased and extended into the posterior thighs. The request is for Retrospective review of Terocin Pain Patches #10, DOS: 06/24/15. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes lumbar strain with probable lumbar radiculopathy. Physical examination to the lumbar spine on 05/18/15 revealed tenderness to palpation to the paraspinal muscles, positive straight leg raise test on the right and decreased sensation to right lateral leg and dorsum of foot to big toe. Treatment to date has included imaging studies, physical therapy, injections and medications. Patient's medications include Relafen, Vicodin, Omeprazole and Terocin patch. The patient is temporarily totally disabled, per 06/24/15 report. MTUS Guidelines pages 56 and 57, Lidoderm (Lidocaine patch) section states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per 06/24/15 report, treater states, the patient "may also use Terocin Patch to give him some local relief." However, does not discuss how this medication specifically helps in pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, the patient presents with back pain; and guidelines do not recommend this Terocin patch for axial spine pain. This request does not meet guideline indications. Therefore, the request is not medically necessary.

Retrospective review of Relafen 500mg, #60, DOS: 06/24/15: Overturned

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): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects.

Decision rationale: Based on the 06/24/15 progress report provided by treating physician, the patient presents with low back pain which increased and extended into the posterior thighs. The request is for Retrospective review of Relafen 500mg, #60, DOS: 06/24/15. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes lumbar strain with probable lumbar radiculopathy. Physical examination to the lumbar spine on 05/18/15 revealed tenderness to palpation to the paraspinal muscles, positive straight leg raise test on the right and decreased sensation to right lateral leg and dorsum of foot to big toe. Treatment to date has included imaging studies, physical therapy, injections and medications. Patient's medications include Relafen, Vicodin, Omeprazole and Terocin patch. The patient is temporarily totally disabled, per 06/24/15 report. MTUS, NSAIDs, specific drug list & adverse effects Section, pages 72 and 73 states: "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)." MTUS, Anti-Inflammatory medications Section, page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP". Per 06/24/15 report, treater states, "the patient had a course of steroid medication, but these did not help him... I have given him prescription for Relafen..." It appears this medication is being initiated. There is no evidence provided medical records that this patient has been previously prescribed Relafen. Given the conservative nature of this medication and the lack of utilization to date, the use of this medication appears reasonable. Therefore, the request is medically necessary.

Retrospective review of Omeprazole 20mg Capsule #90, DOS: 06/24/15: 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: Based on the 06/24/15 progress report provided by treating physician, the patient presents with low back pain which increased and extended into the posterior thighs. The request is for Retrospective review of Omeprazole 20mg capsule #90, DOS: 06/24/15. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes lumbar strain with probable lumbar radiculopathy. Physical examination to the lumbar spine on 05/18/15 revealed tenderness to palpation to the paraspinal muscles, positive straight leg raise test on the right and decreased sensation to right lateral leg and dorsum of foot to big toe. Treatment to date has included imaging studies, physical therapy, injections and medications. Patient's medications include Relafen, Vicodin, Omeprazole and Terocin patch. The patient is temporarily totally

disabled, per 06/24/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI". MTUS pg. 69 states, "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Per 06/24/15 report, treater states, "the patient had a course of steroid medication, but these did not help him... I have given him prescription for Relafen...with Prilosec..." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.