

Case Number:	CM15-0166991		
Date Assigned:	09/04/2015	Date of Injury:	12/20/2000
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 12-20-00. He reported a low back injury. The injured worker was diagnosed as having failed lumbar back syndrome, opioid type dependence, and spinal stenosis of lumbar region with neurogenic claudication, lumbar degenerative disc disease and backache. Treatment to date has included oral medications including MS Contin, Norco 10-325mg, Wellbutrin XL 150mg, Omeprazole 20mg, Lunesta 2mg, Famotidine 20mg and Gabapentin; topical Voltaren gel; lumbar fusion and laminectomy and activity modifications. Currently on 6-11-15, the injured worker complains of pain in lower back with is constant with intermittent flare ups, described as aching, sharp, shooting, throbbing and burning and rated 10 out of 10 at its worst and average 6 out of 10. The pain is improved with medications. Work status is noted to be permanent and stationary. Physical exam performed on 6-11-15 revealed antalgic gait, lumbar scar and tenderness in right and left lumbar paravertebral regions at L3-4, L4-5 and L5-S1 with restricted range of motion due to pain. Sensation is noted to be diminished in L5 and S1 distribution on the left. The treatment plan included prescriptions for Trazodone 50mg #84, Fenopropfen 400mg #90, LidoPro 4% 2 tubes and Rabeprazole 20mg #60. A request was also made for extension of authorization of a request surgical consult with an orthopedic spine surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of LidoPro 4 27.5% 0.0325% #2 tubes: 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: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. LidoPro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Menthol is not recommended by the MTUS. Methyl Salicylate is recommended as a topical medication. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.

1 prescription of Trazodone 50mg #84: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental-stress, Trazodone.

Decision rationale: Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. In this case, there is no documentation of a history of depression, anxiety or insomnia. Objective improvement is not noted with prior use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

1 prescription of Fenoprofen 400mg #90: 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: Fenoprofen Calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. There is no objective documentation of benefit from this medication. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

1 prescription of Rabeprazole 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: According to CA MTUS (2009), Proton Pump Inhibitor, such as Aciphex (Rabeprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented gastrointestinal (GI) distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age over 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose-multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.