

Case Number:	CM15-0182298		
Date Assigned:	09/23/2015	Date of Injury:	05/03/2014
Decision Date:	12/04/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old female, who sustained an industrial injury on 5-3-14. The injured worker was diagnosed as having chronic discogenic lumbar spine pain with radiation to right lower extremity; thoracic or lumbosacral neuritis-radiculitis; lumbalgia-lumbar intervertebral disc disease. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG-NCV bilateral lower extremities (4-2-15). Currently, the PR-2 notes dated 8-25-15 indicated the injured worker complains of a pain level of "8 out of 10". The provider documents "chronic low back pain constant pain sharp, throbbing and dull at a time radiates to right lower extremity. Activity such as prolonged standing, walking, bending, and stooping increase her pain. Medications help with pain about 30%. No side effects with medications. She takes Naproxen as needed with Omeprazole 20mg. She has hard time to tolerate NSAID without the Omeprazole 20mg. She is able to tolerate Gabapentin 300mg at night and her sleep has been improved. She feels that her low back muscle spasm has been well controlled with Cyclobenzaprine 7.5mg PRN basis. TENS unit is helpful mildly. She is working full time with restrictions. She denies new symptoms or changes since last visit." The provider notes objective findings as "tender to palpation, mild to moderate tenderness on palpation over L4-L5 paraspinal and parafacet area. Sensory deficit to light touch, pinprick and temperature in right lower extremity in the distribution of L4-L5 dermatome pattern, Manual motor strength testing in right lower extremity 4 out of 5 right muscle stretch reflexes 2+." The provider's treatment plan includes medications refills, and physical therapy due to decreased range of motion-muscle strength ("difficulty standing up"). An EMG-NCV study of the bilateral lower

extremity dated 4-2-15 was submitted with an impression revealing: "There is electrodiagnostic evidence of a chronic right L5-S1 radiculopathy." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-4-15 and non-certification was for Lidopro cream; Naproxen; Omeprazole and Physical therapy times 6. Utilization Review denied the requested medications and treatment for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of Lidopro cream; Naproxen; Omeprazole and Physical therapy times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Commission of Health and Safety and Workers' Compensation (CHSWC); Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Follow-up Visits, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for Physical therapy times 6, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of such documentation, the current request for Physical therapy times 6 is not medically necessary.

Naproxen: 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), NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen specifically is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: Regarding request for LidoPro, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro cream is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

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

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole is not medically necessary.

