

Case Number:	CM15-0183527		
Date Assigned:	09/24/2015	Date of Injury:	01/09/2014
Decision Date:	11/06/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 38 year old male, whose date of injury was January 9, 2014. He reported a sharp pain in the low back when the weight of a falling machine and the torquing motion of the pipe caused him to be pulled forward and to the left. Medical records (8/13/2015) indicated the injured worker was treated for diagnoses of lumbar strain, lumbar radiculitis, left leg radiculitis, lumbar degenerative disc disease and stenosis of L4-5. He complained of more pain in the right leg for the previous week and rated his pain a 9 on a 10-point scale without medications and a 7 on a 10-point scale with medications. With medications he was able to walk longer. He reported good analgesia with functional improvement. He reported problems with prolonged sitting. Objective findings included spasms of the lumbar spine, positive right straight leg raise, radiculopathy on the right L4 and decreased sensation on the right L4 and the left L5. He was released to modified work duties but no modified work was available. Medications have included Anaprox (since at least 8-14-14), Prilosec (since at least 8-14-14) and Lidoderm patches (since at least 6-25-15). A request for authorization for Anaprox 550mg #60, Prilosec 20mg #60 and Lidoderm Patches 5% #30 was submitted. On September 17, 2015, the Utilization Review physician determined Anaprox 550mg #60, Prilosec 20mg #60 and Lidoderm Patches 5% #30 was not medically necessary based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: 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.

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 7/10 with and 9/10 without medications. The request is for Anaprox 550MG #60. Request for Authorization form dated 09/08/15 was provided. Patient's diagnosis on 08/13/15 includes lumbar strain, lumbar radiculitis, left leg radiculitis, lumbar degenerative disc disease L4-5, herniated nucleus pulposus L4-5 and L5-S1, and stenosis L4-5. Physical examination of the lumbar spine on 08/13/15 revealed spasms, positive straight leg raise on the right, and decreased sensation on the right L4 and the left L5. Patient's medications include Anaprox, Prilosec and Lidoderm patches. The patient is temporarily totally disabled, per 08/13/15 report. MTUS, Anti-inflammatory medications, pg 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 non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Anaprox has been included in patient's medications, per progress reports dated 04/30/15, 06/25/15, and 08/13/15. It is not known when this medication was initiated. Per 08/13/15 report, treater states "With medications [the patient] is able to walk longer. He reported good analgesia he is functionally improved. There is no aberrant behavior and he has no significant side effects." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Prilosec 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: Based on the 08/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 7/10 with and 9/10 without medications. The request is for Prilosec 20MG #60. Request for Authorization form dated 09/08/15 was provided. Patient's diagnosis on 08/13/15 includes lumbar strain, lumbar radiculitis, left leg radiculitis, lumbar degenerative disc disease L4-5, herniated nucleus pulposus L4-5 and L5-S1, and stenosis L4-5. Physical examination of the lumbar spine on 08/13/15 revealed spasms, positive straight leg raise on the right, and decreased sensation on the right L4 and the left L5.

Patient's medications include Anaprox, Prilosec and Lidoderm patches. The patient is temporarily totally disabled, per 08/13/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "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." Prilosec has been included in patient's medications, per progress reports dated 04/30/15, 06/25/15, and 08/13/15. It is not known when this medication was initiated. Per 08/13/15 report, treater states "With medications [the patient] is able to walk longer. He reported good analgesia he is functionally improved. There is no aberrant behavior and he has no significant side effects." 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.

Lidoderm patches 5% #30: 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), Topical Analgesics.

Decision rationale: Based on the 08/13/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 7/10 with and 9/10 without medications. The request is for Lidoderm patches 5% #30. Request for Authorization form dated 09/08/15 was provided. Patient's diagnosis on 08/13/15 includes lumbar strain, lumbar radiculitis, left leg radiculitis, lumbar degenerative disc disease L4-5, herniated nucleus pulposus L4-5 and L5-S1, and stenosis L4-5. Physical examination of the lumbar spine on 08/13/15 revealed spasms, positive straight leg raise on the right, and decreased sensation on the right L4 and the left L5. Patient's medications include Anaprox, Prilosec and Lidoderm patches. The patient is temporarily totally disabled, per 08/13/15 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. Lidoderm patches have been included in patient's medications, per progress reports dated 06/25/15, and 08/13/15. It is not known when this medication was initiated. Per 08/13/15

report, treater states "With medications [the patient] is able to walk longer. He reported good analgesia he is functionally improved. There is no aberrant behavior and he has no significant side effects." MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with axial spine pain. There is no documentation of other complaints for which this medication would be considered appropriate. Furthermore, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not in accordance with guideline indications. Therefore, the request is not medically necessary.