MAXIMUS Federal Services

Case Number:	CM15-0184610		
Date Assigned:	09/25/2015	Date of Injury:	10/25/2006
Decision Date:	11/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, Pain Management

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 39 year old female, who sustained an industrial injury on October 25, 2006, incurring low back injuries. She was diagnosed with lumbar disc herniation. Treatment included proton pump inhibitor, anti-inflammatory drugs, pain medications, topical analgesic creams, physical therapy and home exercise program, ice, massage, transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of ongoing low back pain radiating to the right lower extremity. Her pain was aggravated with increased activities of daily living. The injured worker noted decreased lumbar range of motion. A note dated August 17, 2015 indicates that the patient is working full duty and that her low back pain is relieved with medication. On August 21, 2015, a lumbar Magnetic Resonance Imaging revealed a herniated disc with extruded fragment associated with spinal stenosis and disc desiccation at L4-5. The treatment plan that was requested for authorization included prescriptions for Omeprazole 20 mg #60, Ultram ER 150 mg #30, Voltaren 100 mg #60, Flurbiprofen- Lidocaine in Lipoderm base topical cream 30 gm; Flurbiprofen-Lidocaine in Lipoderm base topical cream 120 gm; and onsite collection confirmatory analysis using high complexity laboratory test protocols including GC-MS, LC-MS and Elisa technology. On August 27, 2015, a request for a prescription for Ultram ER-Tramadol 150 mg #30 was modified to a certification of one prescription for Ultram ER-Tramadol 150 mg #15. All other requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole 20mg #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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), 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, it does appear that the patient is using NSAIDs on a consistent basis, this puts her in a moderate risk category for GI complications. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Ultram ER/Tramadol 150mg #30: 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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids (Classification), Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Ultram ER/Tramadol 150mg #30, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be better documentation regarding side effects and monitoring for aberrant use. However, a one-month prescription should allow the requesting physician time to document those items. In light of the above, the currently requested Ultram ER/Tramadol 150mg #30 is medically necessary.

Voltaren/Diclofenac Sodium XR 100mg #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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Voltaren/Diclofenac Sodium XR 100mg #60, 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 identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. As such, the currently requested Voltaren/Diclofenac Sodium XR 100mg #60 is medically necessary.

Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical base cream 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: Regarding the request for Flurbiprofen25%, Lidocaine 5% in lipoderm base topical base cream 30gm tube, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. As such, the currently requested Flurbiprofen 25%, Lidocaine 5% in lipoderm base topical base cream 30gm tube is not medically necessary.

Flurbiprofen 25%/ Lidocaine 5% in lipoderm base topical cream 120gm: 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: Regarding the request for Flurbiprofen 25%/ Lidocaine 5% in lipoderm base topical cream 120gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. As such, the currently requested Flurbiprofen 25%/ Lidocaine 5% in lipoderm base topical cream 120gm is not medically necessary.

1 on-site collection/off site confirmatory analysis using high complexity laboratory test protocols including GC/MS, LC/MS and Elisa technology: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.