

Case Number:	CM15-0188471		
Date Assigned:	09/30/2015	Date of Injury:	12/08/2009
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: Family Practice

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 43 year old female, who sustained an industrial injury on December 8, 2009, incurring low back and left ankle injuries. She was diagnosed with lumbar disc degeneration disease with lumbar disc bulging, lumbar radiculopathy, and foot pain. X rays of the left ankle and foot were unremarkable. Treatment included physical therapy and home exercise program, pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic patches, antidepressants and work restrictions and modifications. Currently, the injured worker complained of persistent lower back pain and left ankle pain. She rated her pain 3 out of 10 without medications and 1 out of 10 with medications on a pain scale from 1 to 10. She was noted to have difficulty sleeping, and limited range of motion in the lower spine. She had increased muscle spasms and tenderness on the lower left side of her back. The treatment plan that was requested for authorization on September 24, 2015, included prescriptions for Flector patch #60, with one refill, Ibuprofen 600 mg, #60 with one refill, Famotidine 20 mg, #60 with one refill, and Senokot #60, with one refill. On September 24, 2015, a request for prescriptions for Flector patch, Ibuprofen, Famotidine and Senokot was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary, Online Version, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Flector patch.

Decision rationale: Per the MTUS guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. According to ODG Flector patch (diclofenac epolamine) is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007). ODG also notes that, "With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac. (AGS, 2012)". The medical records indicate that Flector Patch has been prescribed for an extended period of time. The FDA approves this medication for acute use only, and given the significant risk profile associated with Diclofenac containing agent, this request is not supported. The request for Flector 1.3% patch #60 with 1 refill is not medically necessary and appropriate.

Ibuprofen 600mg, take one twice daily as needed #60 with 1 refill: 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): Anti-inflammatory medications.

Decision rationale: According to the MTUS guidelines, 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. In this case, the medical records indicate that the injured worker has returned to work and efficacy is noted with the utilization of this first line non-steroidal anti-inflammatory medication. The request for Ibuprofen 600mg, take one twice daily as needed #60 with 1 refill is not medically necessary and appropriate.

Famotidine 20mg, take one twice daily as needed #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Famotidine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

Decision rationale: According to nih.gov, prescription famotidine is used to treat ulcers (sores on the lining of the stomach or small intestine); gastroesophageal reflux disease (GERD, a condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus [tube that connects the mouth and stomach]); and conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome (tumors in the pancreas or small intestine that cause increased production of stomach acid). Famotidine is in a class of medications called H2 blockers. It works by decreasing the amount of acid made in the stomach. In this case, the injured worker is utilizing ibuprofen and the request for famotidine to address NSAID induced gastritis is supported. The request for Famotidine 20mg, take one twice daily as needed #60 with 1 refill is medically necessary and appropriate.

Senokot, take two at bedtime #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Opioid induced constipation.

Decision rationale: According to the Official Disability Guidelines, opioid induced constipation treatment is recommended if prescribing opioids has been determined to be appropriate. In this case, the injured worker is noted to be utilizing opioids and the request for first line laxative is supported. The request for Senokot, take two at bedtime #60 with 1 refill is medically necessary and appropriate.