

Case Number:	CM15-0188568		
Date Assigned:	09/30/2015	Date of Injury:	08/05/2007
Decision Date:	12/11/2015	UR Denial Date:	09/09/2015
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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 54-year-old female with a date of industrial injury 8-5-2007. The medical records indicated the injured worker (IW) was treated for cervical strain; cervical degenerative arthritis; and cervical degenerative disc disease. In the progress notes (5-21-15 to 8-27-15), the IW reported continued improvement in cervical pain, function and range of motion with medications and physical therapy, but was not receiving refills of her medications. She rated her pain 5 to 8 out of 10. She was permanent and stationary. Medications included Flector patch, Lidocaine gel, ThermaCare, Omeprazole and Ibuprofen (all since at least 2-2015). Objective findings (5-21-15 to 8-27-15 notes) included tenderness to palpation and spasm in the cervical muscles. Motion was guarded due to pain. Neuro-circulatory status and sensation was intact. Treatments included left cervical trigger point injections, which provided two months of pain relief; cervical epidural steroid injection at C7-T1 (12-9-14) and home exercise. A Request for Authorization was received for Lidocaine 5% gel with six refills; Flector 1.3% patches #60 with five refills; ThermaCare #30 with five refills; Ibuprofen 600mg #60 with five refills; and Omeprazole 20mg #60 with five refills. The Utilization Review on 9-9-15 non-certified the request for Lidocaine 5% gel with six refills, Flector 1.3% patches #60 with five refills and ThermaCare #30 with five refills; Ibuprofen 600mg #60 with five refills was modified to allow two refills; and Omeprazole 20mg #60 with five refills was modified to allow two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 Percent Gel with 6 Refills: 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).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a Lidoderm gel prescription. In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Therefore, based on the submitted medical documentation, the request for Lidoderm gel 5% prescription is not medically necessary.

Flector 1.3 Percent Patches #60 with 5 Refills: 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: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, topical NSAIDS are only recommended for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." They should only be use for Recommended for "short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. Use for neuropathic pain is not recommended as there is no evidence to support use. This patient has been documented to have long term, chronic neuropathic and musculoskeletal pain to the spine. Per MTUS, topical NSAID application is not warranted for this indication. Therefore, based on the submitted medical documentation, the request for flector 1.3% is not medically necessary.

Thermacare #30 with 5 Refills: 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): Nonprescription medications.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Evidence-based guidelines recommend the use of heat for a period of two weeks or less for acute and subacute phases of injury in order to facilitate mobilization and graded exercise. There are no evidence-based recommendations for the use of the Thermacare patches 8 years after the date of injury over the available OTC modalities for the application of heat. There is no demonstrated medical necessity for the requested Thermacare heat wraps for the treatment of the neck and upper back as alternative methods for the application of heat are readily available. Per the medical records, this industrial injury is over 8 years old and there is no medical necessity for the prescribed Thermacare heat wraps at this time over the readily available methods of applying heat to chronic neck and upper back pain. There is no demonstrated medical necessity for the requested DME for the treatment of the patient for chronic neck and upper back pain in addition to the medications prescribed. The prescription/dispensing of Thermacare heating patches are inconsistent with the recommendations of the CA MTUS, ACOEM Guidelines, and the Official Disability Guidelines for the treatment of chronic pain. Everyday alternatives are readily available for the application of heat to the neck and upper back. The patient is able to provide heat to the back with warm towels, heating pads, hot showers, or hot baths in addition to the OTC available heat sources. There is no provided subjective or objective evidence that supports the medical necessity for the use of the Thermacare heat wraps at this stage of the industrial injury over available heat sources such as heating packs that are reusable. Therefore, based on the submitted medical documentation, the request for thermacare is not medically necessary.

Ibuprofen 600 MG #60 with 5 Refills: 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: There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). Therefore, the request for ibuprofen prescription is not medically necessary and has not been established.

Omeprazole/Prilosec 20 MG #60 with 5 Refills: 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: There is sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that she has GERD. Likewise, the patient has no documentation of why chronic PPI therapy is necessary. Her GERD is not documented to be refractory to H2 blocker therapy and she has not records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.