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| Case Number: | CM15-0192938 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 01/10/2001 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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: Emergency 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:

This is a 43-year-old female with a date of industrial injury 1-10-2001. The medical records indicated the injured worker (IW) was treated for status post cervical fusion and chronic pain syndrome. In the progress notes (9-2-15), the IW reported tingling in the hands and pain in the neck and arms. She was taking Advil for headaches. In the 5-28-15 progress notes, the IW was taking Norco and Celebrex. On examination (9-2-15 notes), there was no tenderness in the cervical spine, including the rhomboids and trapezius. Ranges of motion of the cervical spine were decreased in all planes. The remainder of the upper extremity exam and shoulder exam was within normal limits. Treatments included shoulder surgery (2001-good results) and C3-4 spinal fusion (2014), which was not very helpful. The IW was temporarily totally disabled. A Request for Authorization was received for Lidopro topical ointment 121gm with 2 refills, Rabeprazole sodium 20mg, #30 with 2 refills, Celecoxib 200mg, #30 with 2 refills and Cyclobenzaprine 7.5mg, #60 with 2 refills. The Utilization Review on 9-24-15 non-certified the request for Lidopro topical ointment 121gm with 2 refills, Rabeprazole sodium 20mg, #30 with 2 refills, Celecoxib 200mg, #30 with 2 refills and Cyclobenzaprine 7.5mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 121gm with 2 refills: Upheld

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

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

Decision rationale: The request is for LidoPro topical ointment, which is a topical compound applied to the skin. Topical analgesics are recommended as an option in specific situations and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epileptic drug). Documentation does not clearly demarcate localized peripheral pain nor failure of first-line treatment options. Therefore, the medical benefit is lacking. The request as submitted is not medically necessary.

Rabeprazole Sodium 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for Rabeprazole, which is a proton pump inhibitor used to treat disorders of the stomach and esophagus. The MTUS guidelines support the use of a proton pump inhibitor in the following circumstances at increased risk for gastrointestinal side effects: (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. Without any risk factors for gastrointestinal disease, there is no clear indication to utilize a proton pump inhibitor in the treatment of an injured worker. The documentation provided does not support the ongoing use of NSAIDs, nor does it suggest that the injured worker is at increased risk for gastrointestinal disease. The request as written is not supported by the MTUS and is therefore not medically necessary.

Celecoxib 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The request is for Celecoxib, which is a COX-2 selective inhibitor, non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The request includes 2 refills. It is unclear how long the injured worker has been using Celecoxib, but prolonged use without reassessment is not recommended. Therefore, the request as submitted is not medically necessary.

Cyclobenzaprine 7.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for cyclobenzaprine, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The request as submitted is for longer than recommended, and could potentially be harmful. Therefore, it is not medically necessary.