

Case Number:	CM15-0195810		
Date Assigned:	10/09/2015	Date of Injury:	05/24/2005
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 05-24-2005. He has reported subsequent low back and lower extremity pain and was diagnosed with lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included oral and topical pain medication, radiofrequency neurotomies and a home exercise program. The physician noted that pain medication provided good relief of pain and improved function. Documentation shows that Lidocaine patches were prescribed since at least 01-27-2015 and that Protonix (proton-pump inhibitor) was prescribed for gastrointestinal (GI) upset since at least 01-27-2015. In a progress note dated 09-15-2015, the injured worker reported that pain without medication was a 2 out of 10. With medication, the injured worker was noted to remain independent in all self-care and to be able to participate more fully in daily activities and household chores with less pain. Quality of sleep was noted to be poor and activity level had remained the same. The physician indicated that the injured worker was taking Ibuprofen since Celebrex was denied but that it was causing him GI upset. Objective examination findings showed decreased range of motion of the lumbar spine, hypertonicity, tenderness and tight muscle band on both side, positive lumbar facet loading, tenderness over the sacroiliac spine and decreased motor strength of EHL on the left. Work status was documented as permanent and stationary and the injured worker noted to be off work. The physician noted that Celebrex, Lidoderm and Protonix were denied at utilization review and that trial of Lidoderm ointment, Zorvolex and Zantac would be given. A request for authorization of Lidocaine oin 5% #30 with 1 refill, Ranitidine 150mg #30 with 1 refill and Zorvolex 35mg #60 with 1 refill was submitted. As per the 09-23-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine oin 5% #30 with 1 refill: 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 injured worker sustained a work related injury on 05-24-2005. The medical records provided indicate the diagnosis of lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included oral and topical pain medication, radiofrequency neurotomies and a home exercise program. The medical records provided for review do not indicate a medical necessity for Lidocaine oin 5% #30 with 1 refill. Lidocaine is a topical analgesic. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While Lidocaine is a recommended topical analgesic, the MTUS does not recommend the use of any formulation of Lidocaine except the Lidoderm patch formulation. Furthermore, the MTUS states that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not indicate the injured worker is being treated for post-herpetic neuralgia.

Ranitidine 150mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/zantac-drug.htm.

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

Decision rationale: The injured worker sustained a work related injury on 05-24-2005. The medical records provided indicate the diagnosis of lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included oral and topical pain medication, radiofrequency neurotomies and a home exercise program. The medical records provided for review do not indicate a medical necessity for: Ranitidine 150mg #30 with 1 refill. Ranitidine is an H2 blocker. The H2 blockers reduce the amount of acid made by your stomach. The MTUS recommends that the clinician 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). The medical records indicate the injured worker has gastrointestinal upset with use of NSAIDs, but it has been determined the NSAID is not medically necessary; besides, although Ranitidine is an acid reducer, it is not a proton pump inhibitor. Therefore, the recommended treatment is not medically necessary.

Zorvolex 35mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zorvolex (diclofenac).

Decision rationale: The injured worker sustained a work related injury on 05-24-2005. The medical records provided indicate the diagnosis of lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included oral and topical pain medication, radiofrequency neurotomies and a home exercise program. The medical records provided for review do not indicate a medical necessity for Zorvolex 35mg #60 with 1 refill. Zorvolex (Diclofenac) is a nonsteroidal antiinflammatory drug (NSAID). The MTUS recommends the use of the lowest dose of NSAIDs for the short term treatment of moderate to severe pain. The Medical records indicate the injured worker has been using NSAIDs at least since 01/2015, whereas the MTUS recommends NSAIDs only for acute use, due to the risk of renal failure, hypertension, delayed wound and bone healing. Also, the Official Disability Guidelines does not recommend Diclofenac as first line agent, due to its many side effects. The MTUS does not recommend.