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| Case Number: | CM15-0200051 | | |
| Date Assigned: | 10/19/2015 | Date of Injury: | 10/28/2013 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: New York, 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 48 year old female who sustained an industrial injury on 10-28-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain- strain and thoracic sprain-strain. According to the progress report dated 9-11-2015, the injured worker complained of back pain rated 9 out of 10. She reported a recent fall in the bathroom on 8-22-2015. The injured worker reported that she restarted Tramadol. Per the treating physician (9-11-2015), the injured worker was to remain off work. Objective findings (9-11-2015) revealed tenderness to palpation of the lumbar spine. Treatment has included pool therapy, lumbar surgery (7-20-2015) and medications. Per the progress report dated 9-11-2015, the injured worker had stopped taking Voltaren, Omeprazole and Gabapentin. On 9-11-2015, the physician reviewed- restarted Voltaren and Gabapentin, noting that the injured worker hadn't taken it since 5-2015. Per the progress report dated 5-7-2015, the injured worker was taking Gabapentin, Cyclobenzaprine (since at least 1-2015), Omeprazole and Diclofenac Sodium. The request for authorization was dated 9-11-2015. The original Utilization Review (UR) (9-21-2015) denied requests for Lidopro cream, Gabapentin, Diclofenac Sodium and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Lidopro cream 121ml, DOS 9/11/15: 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: Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, 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). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

Retrospective review for Gabapentin 100mg #90, DOS 9/11/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. There has been no change to ongoing medications prescribed. Additionally, the request does not include dosing frequency. Without this documentation, the retrospective request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Retrospective for Diclofenac sodium ER 100mg, DOS 9/11/15: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: The IW has been prescribed this medication for several months. There are no reports documenting any specific benefit from the use of diclofenac. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac, per the Official Disability Guidelines citation and other medical evidence, has one of the highest risk profiles of all the NSAIDs. It should not be the NSAID of first choice, yet this there is no apparent consideration of this fact by the treating physician and no monitoring of the inherent risks. And the treating physician is reporting gastritis, yet continues to prescribe diclofenac. For these reasons, ongoing use of diclofenac is not medically necessary.

Retrospective review of Cyclobenzprine 7.5mg #60, DOS 9/11/15: Upheld

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

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

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 3 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.