MAXIMUS Federal Services

Case Number:	CM15-0203471		
Date Assigned:	10/20/2015	Date of Injury:	10/23/2013
Decision Date:	12/01/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application	10/15/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29-year-old female, with a reported date of injury of 10-23-2013. The diagnoses include low back pain, neck pain, anxiety, anxiety, and depression. The medical report dated 08-18-2015 indicates that the injured worker complained of worsening headaches. The objective findings include positive lumbar and cervical spine paraspinal muscle tenderness; and a normal gait. The treatment plan included the refilling of medications. The injured worker's work and disability status was not indicated. There was no documentation of GI (gastrointestinal) complaints or issues. The injured worker's pain rating was not indicated. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included chiropractic treatment, psychotropic medications, Naproxen (since at least 03-2015), Gabapentin, Lidopro ointment (since at least 03-2015), and Omeprazole (since at least 04-2015). The request for authorization was dated 08-18-2015. The treating physician requested Naproxen 550mg #60, Omeprazole 20mg #60, and Lidopro ointment 121 grams. On 10-02-2015, Utilization Review (UR) non-certified the request for Naproxen 550mg #60, Omeprazole 20mg #60, and Lidopro ointment 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-inflammatory medications.

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 claimant sustained a work injury in October 2013 as the result of an assault. She continues to be treated for chronic pain, depression, PTSD, and alcohol abuse. When seen, she was having severe pain and had been taking naproxen 2-3 times per day. Medications were helping with pain by 30-40%. She was using a TENS unit which was helpful. Physical examination findings included lumbar tenderness with muscle spasms. Medications were refilled. The claimant was advised to take Naproxen as instructed. A trial of Lidopro was started. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations. Medications are providing pain relief. Ongoing prescribing is considered medically necessary.

Omeprazole 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Proton Pump Inhibitors (PPIs).

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

Decision rationale: The claimant sustained a work injury in October 2013 as the result of an assault. She continues to be treated for chronic pain, depression, PTSD, and alcohol abuse. When seen, she was having severe pain and had been taking naproxen 2-3 times per day. Medications were helping with pain by 30-40%. She was using a TENS unit which was helpful. Physical examination findings included lumbar tenderness with muscle spasms. Medications were refilled. The claimant was advised to take Naproxen as instructed. A trial of Lidopro was started. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant has a history of alcohol abuse and continues to take naproxen with a history of excessive medication use. She would be considered at least at moderate risk for a gastrointestinal event. Although the dose is in excess of that recommended for the treatment of gastroesophageal reflux disease, continued prescribing of a proton pump inhibitor is medically necessary.

Lidopro 121grams: 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 claimant sustained a work injury in October 2013 as the result of an assault. She continues to be treated for chronic pain, depression, PTSD, and alcohol abuse. When seen, she was having severe pain and had been taking naproxen 2-3 times per day. Medications were helping with pain by 30-40%. She was using a TENS unit which was helpful. Physical examination findings included lumbar tenderness with muscle spasms. Medications were refilled. The claimant was advised to take Naproxen as instructed. A trial of Lidopro was started. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is not considered medically necessary.