

Case Number:	CM15-0204954		
Date Assigned:	10/21/2015	Date of Injury:	09/13/2011
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 9-13-2011. Medical records indicate the worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar disc degeneration and spinal stenosis. A recent progress report dated 9-24-2015, reported the injured worker complained of low back pain that radiated to the bilateral buttocks, bilateral hips and bilateral lower extremities, rated 8 out of 10. The pain was characterized as aching, dull and stabbing and caused difficulty sleeping. Physical examination revealed lumbar range of motion was limited by flexion of 55 degrees and extension of 10 degrees with tenderness to palpation at paravertebral muscles with spasm. Treatment to date has included heat-cold therapy, lumbar injections, chiropractic care, physical therapy, Naproxen, Norco, Sertraline and Tizanidine. The physician is requesting Lidopro 4% ointment, Pantoprazole sodium DR 20mg #60 and Terocin patch 4-4% #30. On 10-12-2015, the Utilization Review noncertified the request for Lidopro 4% ointment, Pantoprazole sodium DR 20mg #60 and Terocin patch 4-4% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment qty: 1.00: 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 requested Lidopro 4% ointment qty: 1.00, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has low back pain that radiated to the bilateral buttocks, bilateral hips and bilateral lower extremities, rated 8 out of 10. The pain was characterized as aching, dull and stabbing and caused difficulty sleeping. Physical examination revealed lumbar range of motion was limited by flexion of 55 degrees and extension of 10 degrees with tenderness to palpation at paravertebral muscles with spasm. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lidopro 4% ointment qty: 1.00 is not medically necessary.

Pantoprazole Sodium Dr 20mg qty: 60.00: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The requested Pantoprazole Sodium Dr 20mg qty: 60.00, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain that radiated to the bilateral buttocks, bilateral hips and bilateral lower extremities, rated 8 out of 10. The pain was characterized as aching, dull and stabbing and caused difficulty sleeping. Physical examination revealed lumbar range of motion was limited by flexion of 55 degrees and extension of 10 degrees with tenderness to palpation at paravertebral muscles with spasm. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole Sodium Dr 20mg qty: 60.00 is not medically necessary.

Terocin patch 4-4% qty: 30.00: 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 requested Terocin patch 4-4% qty: 30.00, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has low back pain that radiated to the bilateral buttocks, bilateral hips and bilateral lower extremities, rated 8 out of 10. The pain was characterized as aching, dull and stabbing and caused difficulty sleeping. Physical examination revealed lumbar range of motion was limited by flexion of 55 degrees and extension of 10 degrees with tenderness to palpation at paravertebral muscles with spasm. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin patch 4-4% qty: 30.00 is not medically necessary.