MAXIMUS Federal Services

Case Number:	CM15-0026626		
Date Assigned:	02/19/2015	Date of Injury:	08/10/2008
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/12/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 50-year-old female who sustained an industrial injury on 08/10/2008. She has reported neck pain with radicular symptoms, and lower back pains with radicular symptoms. Diagnoses include chronic cervical strain, upper extremity tendinitis, and bilateral cervical radiculopathy, sprain/strain lumbar region. Treatments to date include physical therapy, medications and treatment with a pain specialist. A progress note from the treating provider dated 11/06/2014 indicates the IW had work up with electrodiagnostic studies of the upper extremities 03/28/2013 that were negative. Examination of the lumbar spine showed spasm and guarding. Straight leg raise is positive bilaterally. A MRI image of the lumbar spine (09/22/2014) showed moderate disc degeneration with mild disc protrusion at l4-5, and L3-4. Electromyogram (EMG) studies of the bilateral lower extremities were abnormal, suggesting bilateral S1 lumbosacral radiculopathy. An x-ray of the cervical spine suggested a loss of disk height at C5-6 and C6-7. Medications included Lidoderm 5% patch, Protonix, Diclofenac Sodium 1.5% topical cream, Butrans 5 Mcg/hr patch, Albuterol, Cetirizine, Somatriptan, Cyclobenzaprine, Lorazepam, and Meclizine. The IW had experienced an acute flare up of her low back pain. Prescriptions were given for refills of Diclofenac cream, Lidoderm patch, Norco, and Pantoprazole. On 02/11/2015 Utilization Review non-certified requests for Diclofenac sodium 1.5% apply to affected area three times a day 60gm #1. The MTUS were cited. Also denied were :a request for Lidoderm 5% patch (700mg/ patch) apply two patches, 12 hours on 12 hours off #60; a request for Norco 5/325mg Q12H #60; and a request for Pantoprazole-Protonix 20mg take 1-2 daily #60. The MTUS Guidelines were cited in each case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Q12H #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 02/09/2015 report, this patient presents with "ongoing neck pain with radiation into her bilateral extremities." The patient also noted an increasing back pain and was seem in the emergency room yesterday. The current request is for Norco 5/325mg Q12H #60. This medication was first mentioned in the 09/16/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not provided for review. The patient's work status is to continue to work full-time with Work Restrictions: Allow for 5-10 minute break every hour to allow for stretching or walking. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the provided reports, the treating physician indicates the patient is working full time with lots of typing activities. The patient "has been utilizing hydrocodone which does provide her with approximately 20-30% pain decrease to last for several hours. She denies side effects with the use of this medication aside from stomach upset, including drowsiness or constipation." In this case, the patient has reached high level of function by working and the treating physician's report shows proper documentation of the four As required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Lidoderm 5% patch (700mg/ patch) apply two patches, 12 hours on 12 hours off #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113.

Decision rationale: According to the 02/09/2015 report, this patient presents with an increasing back pain and ongoing neck pain with radiation into the bilateral extremities. The current request is for Lidoderm 5% patch (700mg/ patch) apply two patches, 12 hours on 12 hours off #60. Lidoderm patch was first mentioned in the 12/04/2014/2014 report. The MTUS guidelines

state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. The provided medical reports show the patient has cervical neuropathic pain but this is peripheral and localized. The treating physician has not documented that a trial of anti-depressants and anti-convulsion have failed, the location of trial of the lidoderm patches is not stated. Furthermore, Lidoderm patches are not recommended for axial spinal pain but for peripheral, localized neuropathic pain. The current request IS NOT medically necessary.

Pantoprazole-protonix 20mg take 1-2 daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 02/09/2015 report, this patient presents with an increasing back pain and ongoing neck pain with radiation into the bilateral extremities. The current request is for Pantoprazole-protonix 20mg take 1-2 daily #60 and this medication was first noted in the 12/04/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "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." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided reports show that the patient is not currently on NSAID but has stomach upset with the use of Norco. The treating physician mentioned in the R.O.S. that the patient has history of Gastroesophageal reflux disease and currently has some GI issues. The patient reported that "She is not supposed to use any anti-inflammatory medications" and "had an endoscopy last Wednesday [11/29/2014] and a biopsy was taken. She will find out the results soon." In this case, the patient is struggling with GI complaints but the treating physician does not mention why the medication was prescribed. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. The request IS NOT medically necessary.

Diclofenac sodium 1.5% apply to affected area three times a day 60gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 02/09/2015 report, this patient presents with an increasing back pain and ongoing neck pain with radiation into the bilateral extremities. The current request is for Diclofenac sodium 1.5% apply to affected area three times a day 60gm #1. This Topical medication was first mentioned in the 12/04/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Diclofenac cream, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis of the peripheral joints condition. The patient has spinal spine for which is not supported by the guidelines for the use of Topical NSAIDs. The request IS NOT medically necessary.