

Case Number:	CM15-0212954		
Date Assigned:	11/02/2015	Date of Injury:	03/03/2005
Decision Date:	12/14/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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, Florida, California

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 73 year old male, who sustained an industrial injury on 3-3-05. The injured worker was diagnosed as having degenerative spondylosis L4-5 with lumbar spine strain-sprain. Treatment to date has included physical therapy; lumbar epidural steroid injection; urine drug screening; medications. Currently, the PR-2 notes dated 10-12-15 indicated the injured worker complains of back pain. He reports the pain is about the same. The provider notes his pain is "2 out of 10 with medications and 5 out of 10 without". Medications have been helpful but he runs out and needs refills." He reports he has "problems receiving authorization for his medications". He reports the medications make his pain tolerable and he is "able to perform his activities of daily living when he has them". He uses Naproxen for pain and inflammation and a PPI for reflux. The topical patch keeps his pain tolerable but this remains denied. He has retired. The provider documents a physical examination as "Normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise and bowstring are negative bilaterally with normal gait. He can heel-toe walk bilaterally and has positive lumbar tenderness. The lumbar spine range of motion is decreased by 20%. Femoral stretch is negative bilaterally with normal lower extremity pulses bilaterally." He reviewed an old MRI of the lumbar spine from 6-9-05 revealing "Multiple areas of discogenic changes." Medical records in the form of a prescription dated 12-15-14 indicate the injured worker was being prescribed Protonix 40mg #30 and Lidoderm 5% patch #30 since that time. A PR-2 note dated as far back as 9-15-14 indicated the provider was prescribing Naproxen since that date of service. A Request for Authorization is dated 10-29-15. A Utilization Review letter is dated 10-21-15 and non-certification for Naproxen

550mg #90; Protonix 40mg #30 and Lidoderm 5% patch #30. A request for authorization has been received for Naproxen 550mg #90; Protonix 40mg #30 and Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26, page 60 and 67 of 127 This claimant was injured now 10 years ago with degenerative spondylosis and a lumbar sprain strain. The doctor describes a largely normal physical exam, but with only lumbar tenderness. The MRI shows many areas of discogenic degenerative changes. Subjectively there is improvement with his medicines, but it is not specified which one, and what the objective functional improvement, a prime concern in the MTUS, has been out of the regimen. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

Protonix 40mg #30: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 68 of 127As shared, this claimant was injured now 10 years ago with degenerative spondylosis and lumbar sprain strain. The doctor describes a largely normal physical exam, but with lumbar tenderness. The MRI shows many areas of discogenic degenerative changes. Subjectively there is improvement with his medicines, but it is not specified which one, and what the objective functional improvement, a prime concern in the MTUS, has been out of the

regimen. The Naprosyn was not certified, and so there is no basis for a proton pump inhibitor like Protonix. The MTUS speaks to the use of Proton Pump Inhibitors like in this case only in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary.

Lidoderm 5% patch #30: 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): Lidoderm (lidocaine patch).

Decision rationale: Lidoderm 5% Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 56 of 127As shared previously, this claimant was injured now 10 years ago with degenerative spondylosis and lumbar sprain strain. The doctor describes a largely normal physical exam, but with lumbar tenderness. The MRI shows many areas of discogenic degenerative changes. Subjectively there is improvement with his medicines, but it is not specified which one, and what the objective functional improvement, a prime concern in the MTUS, has been out of the regimen. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary.