

Case Number:	CM15-0218282		
Date Assigned:	11/10/2015	Date of Injury:	02/09/2004
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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, California
 Certification(s)/Specialty: Family Practice

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 58 year old male patient, who sustained an industrial injury on February 09, 2004. The diagnoses include trigger points, lumbar myofascial syndrome, status post arthrodesis with hardware removal, and possible residual fluid collection. Per the progress note dated September 23, 2015, he had complaints of aching pain to the back and legs along with numbness to the legs. His pain level to the back was rated as 6/10 and to the legs was rated as 7/10. Physical examination revealed decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar five and sacral one level, and positive straight leg raises to the sciatic stretch bilaterally. The current medications list includes Omeprazole (Prilosec) (since at least June 17, 2015), Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream (since at least prior to September 23, 2015), and Norco. Per the notes dated 7/22/2009, he had abdominal discomfort, heartburn and nausea since 3 years when taking medications for this injury. He has undergone lumbar spine surgeries in 2005, 2007 and 2008. He has had lumbar spine MRIs. He has had physical therapy, aqua therapy and lumbar epidural steroid injections for this injury. He has had urine drug screens on 6/17/15 and 9/23/15 with consistent findings. On September 23, 2015 the treating physician requested Omeprazole noting stomach upset secondary to the use of the medication Norco, Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream for inflammation, and a urine drug screen to monitor compliance of the patient's medication regimen. On October 20, 2015, the Utilization Review determined the requests for an unknown prescription for Omeprazole, Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream, and a urine drug screen to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Omeprazole: 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: Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events, Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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)." Per the records provided the patient has a history of GI upset with medications. The omeprazole was requested noting stomach upset secondary to the use of the medication Norco (not NSAIDs). Omeprazole is recommended when there is a history of gastrointestinal symptoms along with the use of NSAIDs. There is no recent significant evidence in the recent records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The request for Unknown prescription for Omeprazole is not medically necessary or established for this patient.

Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream: 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: This is a request for topical compound medication. Flurbiprofen and diclofenac are NSAIDs and gabapentin is an anticonvulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)". (Argoff, 2006) There is little to no research to support the use of many of these agents "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". "Topical NSAIDs-

There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: Not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The request for Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream is not medically necessary or fully established for this patient.

Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The medications included an opioid medication- Norco. Prior to the request for the urine drug screen which is under review, he had a urine drug screen on 6/17/15. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of Urine drug screen is medically appropriate and necessary for this patient at this juncture.