

Case Number:	CM15-0218814		
Date Assigned:	11/10/2015	Date of Injury:	08/19/2010
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 47 year old female, who sustained an industrial injury on 08-19-2010. She has reported injury to the low back. The diagnoses have included chronic low back pain; lumbar sprain-strain; lumbar degenerative disc disease; lumbar stenosis; lumbar facet arthralgia; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, trigger point injection, lumbar epidural injections, chiropractic therapy, and physical therapy. Medications have included Tylenol #4, Norco, Cymbalta, Butrans patch, Neurontin, Tramadol, Lidoderm patch, Celebrex, Flexeril, Ibuprofen, and Omeprazole. A progress report from the treating physician, dated 05-27-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain referring down into the left lower extremity to the heel and calf; she experiences cramping of the calf; she was prescribed Tylenol #4, although it provided no relief and caused dizziness; she has already attempted numerous medications such as Cymbalta, Butrans, Neurontin, and Tramadol with difficulty with tolerance; the Lidoderm 5% has been helpful with Celebrex; Flexeril helps decrease spasms; and in the past, Norco was helpful without excessive sedation or somnolence. Objective findings included moderate spasms and pain are noted over the right more than left L4-L5 and L5-S1 segments; lordosis is decreased; bilateral seated straight leg raise is 90 degrees with pain referring to the left knee; and range of motion is complete in all directions with moderate pain upon forward flexion, right rotation, slight pain upon bilateral lateral flexion and extension. The treatment plan has included the request for retrospective Celebrex 200mg, #30, date of service: 09-30-15; retrospective Rabeprazole (Aciphex) 20mg, #30, date of service: 09-30-15; and retrospective Lidopro ointment 121mg x 1, date of service: 09-30-15. The original utilization review, dated 11-04-2015, non-certified the request for retrospective Celebrex 200mg, #30, date of service: 09-30-15; retrospective Rabeprazole (Aciphex) 20mg, #30, date of service: 09-30-15; and retrospective Lidopro ointment 121mg x 1, date of service: 09-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Celebrex 200mg, #30 DOS: 9/30/15: 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: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Celebrex 200 mg #30 date of service September 30, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX - two nonsteroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non-selective nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are acute flare myofascial sprain strain lumbar spine; degenerative disc disease lumbosacral spine; and lumbar radiculitis and radiculopathy. Date of injury is August 19, 2010. Request for authorization is October 27, 2015. According to April 29, 2015 progress note, the treating provider prescribed omeprazole. The documentation indicates Lidoderm patches were prescribed, at a minimum, as far back as April 2015. According to a May 27, 2015 progress note, Naprosyn was prescribed and discontinued secondary to gastritis. Celebrex was prescribed in its place. According to a September 30, 2015 date of service progress note, the injured worker's name and date appear with LBP appearing in the center of the note. There are no objective findings. There is no assessment. There is no plan. There are three medication stickers on the medical record. The stickers include Celebrex; AcipHex; and lidopro ointment (generic terms). According to an October 20, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 8/10. Objectively, there is tenderness over the lumbar spine paraspinal muscles with stiffness and spasm and decreased range of motion secondary to pain. There is no documentation demonstrating objective functional improvement to support the ongoing use of Celebrex. There is no physical examination or subjective section in the September 30, 2015 progress note. There is no assessment and plan. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, incomplete medical record documentation on September 30, 2015, and no documentation demonstrating objective functional improvement, retrospective Celebrex 200 mg #30 date of service September 30, 2015 is not medically necessary.

Retrospective Rebeprazole (Aciphex) 20mg, #30 DOS 9/30/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Rebaprazole (Aciphex) 20 mg #30 date of service September 30, 2015 is not medically necessary. Aciphex is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are acute flare myofascial sprain strain lumbar spine; degenerative disc disease lumbosacral spine; and lumbar radiculitis and radiculopathy. Date of injury is August 19, 2010. Request for authorization is October 27, 2015. According to April 29, 2015 progress note, the treating provider prescribed omeprazole. Omeprazole was discontinued and AcipHex prescribed on the September 30, 2015 progress note. There is no clinical rationale for omeprazole being changed to AcipHex. There is no clinical indication for a proton pump inhibitor. The documentation indicates Lidoderm patches were prescribed, at a minimum, as far back as April 2015. According to a May 27, 2015 progress note, Naprosyn was prescribed and discontinued secondary to gastritis. Celebrex was prescribed in its place. According to a September 30, 2015 date of service progress note, the injured worker's name and date appear with LBP appearing in the center of the note. There are no objective findings. There is no assessment. There is no plan. There are three medication stickers on the medical record. The stickers include Celebrex; AcipHex; and lidopro ointment (generic terms). According to an October 20, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 8/10. Objectively, there is tenderness over the lumbar spine paraspinal muscles with stiffness and spasm and decreased range of motion secondary to pain. There is no documentation of a clinical indication or rationale for a proton pump inhibitor. There are comorbid conditions or risk factors for gastrointestinal events. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, and the incomplete medical record documentation on September 30, 2015, retrospective Rebaprazole (Aciphex) 20 mg #30 date of service September 30, 2015 is not medically necessary.

Retrospective Lidopro ointment 121mg x1 DOS: 9/30/15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Lidopro ointment #121 grams date of service September 30, 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are acute flare myofascial sprain strain lumbar spine; degenerative disc disease lumbosacral spine; and lumbar radiculitis and radiculopathy. Date of injury is August 19, 2010. Request for authorization is October 27, 2015. According to April 29, 2015 progress note, the treating provider prescribed omeprazole. Omeprazole was discontinued and AcipHex prescribed on the September 30, 2015 progress note. There is no clinical rationale for omeprazole being changed to AcipHex. There is no clinical indication for a proton pump inhibitor. The documentation indicates Lidoderm patches were prescribed, at a minimum, as far back as April 2015. According to a May 27, 2015 progress note, Naprosyn was prescribed and discontinued secondary to gastritis. Celebrex was prescribed in its place. According to a September 30, 2015 date of service progress note, the injured worker's name and date appear with LBP appearing in the center of the note. There are no objective findings. There is no assessment. There is no plan. There are three medication stickers on the medical record. The stickers include Celebrex; AcipHex; and lidopro ointment (generic terms). There is no clinical indication or rationale for the topical analgesic Lidopro ointment. According to an October 20, 2015 progress note, subjective complaints include ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 8/10. Objectively, there is tenderness over the lumbar spine paraspinal muscles with stiffness and spasm and decreased range of motion secondary to pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, incomplete medical record documentation from the September 30th 2015 progress note, and no documentation with the clinical indication or rationale for lidopro ointment, retrospective Lidopro ointment #121 grams date of service September 30, 2015 is not medically necessary.