

Case Number:	CM15-0220439		
Date Assigned:	11/13/2015	Date of Injury:	05/01/2002
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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: Arizona, 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:

The injured worker is a 63 year old female, who sustained an industrial-work injury on 5-1-02. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar intervertebral disc disorder, lumbar radiculopathy, and Achilles tendinitis. There is a history of Gastroesophageal reflux disease (GERD). Medical records dated 10-13-15 indicate that the injured worker complains of chronic low back lumbar pain. She reports adequate pain relief with medications. She complained of gastric upset at times with medications. The pain is rated 5 out of 10 on the pain scale with medications and 9 out of 10 without medications. The pain has been unchanged from previous visits. Per the treating physician report dated 6-22-15 the injured worker has not returned to work. The physical exam reveals that she ambulates with antalgic gait. There is guarding, spasm, and tenderness in the paravertebral muscles of the lumbar spine with painful decreased range of motion. There is dysesthesia noted in the L5 and S1 dermatomal distributions bilaterally. There is pain with toe-walk, heel-walk and squatting. The physician indicates that the Naproxen has 30 percent analgesic effect and allows performance of activities of daily living (ADL). The use of Prilosec has reduced acid secretions, reduced acid reflux, and reduced dyspepsia. The physician does not indicate concerns of abuse of the medications, intolerance or tolerance to the medications or inconsistent urine drug testing. The documentation does not indicate failure of oral pain medications. Treatment to date has included pain medication, Anaprox since at least 7-28-15, Tramadol, Nalfon, Cyclobenzaprine, Flector patch since 1-13-15, Omeprazole since at least 4-12-15, Naprosyn, Lidoderm patch, Gabapentin, Restoril, diagnostics, physical therapy, injections, pain management, and other modalities. The request for authorization date was 10-16-15 and requested services included 1 prescription of

Anaprox (Naproxen) 550mg #60 with 5 refills, 1 prescription of Prilosec (Omeprazole) 20mg #60 with 5 refills, and 1 prescription of Flector Patch 1.3% #15. The original Utilization review dated 10-23-15 modified the request for 1 prescription of Anaprox (Naproxen) 550mg #60 with 5 refills modified to 1 prescription of Anaprox (Naproxen) 550mg #60 with 1 refill. 1 prescription of Prilosec (Omeprazole) 20mg #60 with 5 refills was modified to 1 prescription of Prilosec (Omeprazole) 20mg #60 with 1 refill. The request for 1 prescription of Flector Patch 1.3% #15 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Anaprox (Naproxen) 550mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks for which the claimant required Prilosec. future need cannot be predicted not therapeutic response. Continued use of Anaprox with 5 refills is not medically necessary.

1 prescription of Prilosec (Omeprazole) 20mg #60 with 5 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 16.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant was on the medication for months due to GI side effects with NSAID use. The continued use of NSAIDs as above is not medically necessary. Long-term use of PPIs are not recommended. Therefore, the continued use of Prilosec is not medically necessary.

1 prescription of Flector Patch 1.3% #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector patch (Diclofenac epolamine) (2015).

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed NSAIDS for several months. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and the claimant had side effects with the use of NSAIDS. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.