

Case Number:	CM15-0030849		
Date Assigned:	02/24/2015	Date of Injury:	06/19/2013
Decision Date:	04/09/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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 was a 63 year old female, who sustained an industrial injury, June 19, 2013. According to progress note of December 4, 2014, the injured workers chief complaint was right hand and lower extremity pain, bilateral low back pain, right hip and right foot pain. The pain was exacerbated by prolonged sitting, standing, lifting, twisting and lying down. The physical exam noted tenderness of the lumbar paraspinal muscles, right wrist, right hip and right foot. The injured worker was diagnosed with bilateral lumbar facet joint pain L4-L5, L5-S1, lumbar facet joint arthropathy, right wrist ulnar impaction syndrome, minimal disc bulge at L3-L4, slight anterolisthesis and mild bilateral neural foraminal stenosis at L4-L5, mild left neural foraminal stenosis at L5-S1, right hip mild degenerative arthritis, right hip reactive trabecular edema, right hip cyst in the anterior column measuring 8mm, right hip labral tear, right hip internal derangement, right hip pain, right wrist pain and bilateral low back pain, lumbar disc protrusion, lumbar strain/sprain, right upper extremity sprain/ strain and right foot pain. The injured worker previously received the following treatments Norco, Aspirin, Ditropan, AcipHex, right foot surgery 2001 and long term opioid use. On December 10, 2014, the primary treating physician requested authorization for prescriptions for Terocin Patches (# 10) #20, Pantoprazole (protonix) 20mg #60, Lidopro Ointment 121 grams. On February 5, 2015, the Utilization Review denied authorization for prescriptions for Terocin Patches (# 10) #20, Pantoprazole (protonix) 20mg #60, Lidopro Ointment 121 grams for the date of service December 10, 2014. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Terocin patches (no. 10) #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with right hand pain and bilateral low back pain radiating to lower extremity. The request is for RETRO TEROGIN PATCHES (NO. 10) #120. The request for authorization is dated 12/10/14. MRI of the right wrist 12/20/14, shows edema in the lunate bone with premature degenerative arthritis. MRI of the lumbar spine 08/25/14, shows mild diffuse facet arthropathy, greater at L4-5 where there is slight anterolisthesis and mild bilateral foraminal narrowing. MRI of the right hip 08/30/14, shows mild right hip degenerative arthritis with reactive trabecular edema in the anterolateral weight bearing acetabulum and 8mm cyst in the anterior column. Right wrist, right hip and lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuver, Patrick's maneuver, was positive on the right. Patient's medications include Norco, Aspirin, Ditropan, AcipHex, Remeron, Nalfon, Neurontin, Protonix and Flexeril. The patient is not working. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater has not provided reason for the request. The patient has hand pain, for which topical lidocaine patch might be indicated. However, treater does not discuss how it is used with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request IS NOT medically necessary.

Retro Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with right hand pain and bilateral low back pain radiating to lower extremity. The request is for RETRO PANTOPRAZOLE (PROTONIX) 20MG #60. The request for authorization is dated 12/10/14. MRI of the right wrist 12/20/14, shows edema in the lunate bone with premature degenerative arthritis. MRI of the lumbar spine 08/25/14, shows mild diffuse facet arthropathy, greater at L4-5 where there is slight anterolisthesis and mild bilateral foraminal narrowing. MRI of the right hip 08/30/14, shows mild right hip degenerative arthritis with reactive trabecular edema in the anterolateral weight bearing acetabulum and 8mm cyst in the anterior column. Right wrist, right hip and lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuver, Patrick's maneuver, was positive on the right. Patient's medications include Norco, Aspirin, Ditropan, AcipHex, Remeron, Nalfon, Neurontin, Protonix and Flexeril. The patient is not working. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not provided reason for the request. Although patient is prescribed Nalfon, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Therefore, the request IS NOT medically necessary.

Retro Lidopro ointment 121gms: Upheld

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

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

Decision rationale: The patient presents with right hand pain and bilateral low back pain radiating to lower extremity. The request is for RETRO LIDOPRO OINTMENT 121GMS. The request for authorization is dated 12/10/14. MRI of the right wrist 12/20/14, shows edema in the lunate bone with premature degenerative arthritis. MRI of the lumbar spine 08/25/14, shows mild diffuse facet arthropathy, greater at L4-5 where there is slight anterolisthesis and mild bilateral foraminal narrowing. MRI of the right hip 08/30/14, shows mild right hip degenerative arthritis with reactive trabecular edema in the anterolateral weight bearing acetabulum and 8mm cyst in the anterior column. Right wrist, right hip and lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuver, Patrick's maneuver, was positive on the right. Patient's medications include Norco, Aspirin, Ditropan, AcipHex, Remeron, Nalfon, Neurontin, Protonix and Flexeril. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical

Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain."Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.