

Case Number:	CM15-0049744		
Date Assigned:	03/23/2015	Date of Injury:	01/13/2000
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/16/2015

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 is a 43-year-old female with a reported injury on 01/13/2000. The injured worker was standing flagging while she was hit on the side by a vehicle. Her diagnoses were noted to include myofascial pain syndrome, cervical and lumbar spine strains, status post left shoulder surgery, and bilateral sacroiliac joint pain. Her medications were noted to include Naprosyn, omeprazole, Flexeril, Neurontin, and Menthoderm gel. Her other treatments have included chiropractic care, activity modification, medications, trigger point injections, and sacroiliac joint injections. No diagnostic studies were provided for review. Her surgical history is as listed in her diagnoses. The injured worker was evaluated on 12/09/2014 where she reported increased heartburn. The injured worker was re-evaluated on 03/05/2015 and there was no documentation that omeprazole was effective. The injured worker continued to complain of pain in the back with numbness of the legs and spasms of the lumbar spine. The injured worker also continued to have bilateral trapezius pain. Physical examination revealed bilateral sacroiliac joint tenderness and positive straight leg raise bilaterally. Spurling's test was negative. Range of motion of the neck and lumbar spine was decreased by 10% in all planes. There was normal strength and reflexes. The clinician's treatment plan was to request medication refills and add Lidopro. A urine drug screen would be performed at the next visit. Cymbalta was also requested to help with pain. A prescription for single point cane was also given.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69, 69-70.

Decision rationale: The request for 1 prescription of Naproxen 550mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend nonsteroidal anti-inflammatory drugs as an option for short term symptomatic relief of chronic low back pain. The guidelines also recommend discontinuation of nonsteroidal anti-inflammatory drug therapy for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy. The injured worker has been taking Naproxen 550 mg since at least 09/24/2014 with no evaluation of efficacy. Additionally, the injured worker complained of increased heartburn on 12/09/2014. The request did not include a frequency of dosing or an amount to be dispensed. As such, the requested service is not supported. Therefore, the request for 1 prescription of Naproxen 550mg is not medically necessary.

(1) Prescription of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 69-70.

Decision rationale: The request for 1 prescription of omeprazole 20 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines recommend stopping the nonsteroidal anti-inflammatory drug, switching to a different nonsteroidal anti-inflammatory drug, or consider treatment with an H2 receptor antagonist or proton pump inhibitor for the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy. The injured worker has been taking Naprosyn since at least 09/24/2014 and complained of increasing heartburn in 12/2014. There was no documentation that the Naprosyn was stopped, that the Naprosyn was switched to a different nonsteroidal anti-inflammatory drug, or that a trial of omeprazole 20 mg was effective. As such, the request is not supported. Additionally, the request did not include a frequency of dosing or an amount to be dispensed. Therefore, the request for 1 prescription of omeprazole 20 mg is not medically necessary.

(1) Prescription of Neurontin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-18.

Decision rationale: The request for Neurontin 600 mg is not medically necessary. The injured worker continued to complain of pain. The California MTUS Chronic Pain Guidelines state that a good response to the use of anti-inflammatory drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has been taking Neurontin since at least 09/24/2014 without any documentation of efficacy. As such, continued use is not supported. Weaning is a consideration. The request did not include a frequency of dosing or an amount to be dispensed. Therefore, the request for 1 prescription of Neurontin is not medically necessary.

(1) Prescription of Cymbalta 60mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-18.

Decision rationale: The request for 1 prescription of Cymbalta 60 mg #30 with 2 refills is not medically necessary. The injured worker continues to complain of pain. The clinician's treatment plan was to initiate Cymbalta on 03/05/2015 to help with pain. The California MTUS Chronic Pain Guidelines recommend antidepressants for the treatment of chronic pain and go on to state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Cymbalta is sometimes used off label for neuropathic pain and radiculopathy. There is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Refills would not be supported without the documentation of efficacy. As such, the requested service is not supported. Therefore, the request for 1 prescription of Cymbalta 60 mg #30 with 2 refills is not medically necessary.

(1) Prescription of Lidopro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylates.

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

Decision rationale: The request for 1 prescription of Lidopro is not medically necessary. The injured worker continues to complain of pain. The California MTUS Chronic Pain Guidelines recommend topical analgesic in the form of lidocaine patches and state that no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Lidopro is combination patch which includes lidocaine, menthol and methyl salicylate. This combination patch is not supported by the guidelines. Additionally, the request did not include

a site of application, frequency of use, or an amount to be dispensed. As such, the request for 1 prescription of Lidopro is not medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for 1 MRI of the lumbar spine is not medically necessary. The injured worker continued to complain of pain. The California MTUS/ACOEM Guidelines state that relying solely on imaging studies to evaluate the source of low back pain or related symptoms carries a significant risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. As the documentation did not indicate any red flag diagnoses or that surgery was being considered, MRI of the lumbar spine is not supported. Therefore, the request for 1 MRI of the lumbar spine is not medically necessary.