

Case Number:	CM15-0080645		
Date Assigned:	05/01/2015	Date of Injury:	10/03/2013
Decision Date:	06/01/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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 66 year old male, who sustained an industrial injury on 10/03/2013. On provider visit dated 03/27/2015 the injured worker has reported lower back pain. On examination of the lumbar spine, he was noted to have low back pain that radiated to the posterior and lateral right thigh. Range of motion was decreased; tenderness to palpation of the bilateral multifidus and L3-L5 spinous processes was noted. Lasegue's sign was positive on the right producing pain to the buttock. The diagnoses have included lumbar facet syndrome and lumbar sprain/strain. Treatment to date has included laboratory studies, medications, MRI, nerve conduction velocity and electromyogram. The provider requested Flurbiprofen cream, Motrin and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg with no refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar facet syndrome; and lumbar sprain/strain. The injured worker's date of injury is October 3, 2013. According to progress note dated March 27, 2015, the injured worker complains of low back pain that radiates to the lateral right side. The treatment plan indicates the treating provider was requesting Motrin 800 mg one PO BID with food. The request for authorization states Motrin 800 mg 1 PM daily. In either case there was no quantity documented. Consequently, absent clinical documentation with a quantity of Motrin and a specific frequency (b.i.d. versus qd), Motrin 800 mg with no refills is not medically necessary.

Prilosec 20mg, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitor.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg with no refills is not medically necessary. Prilosec 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. In this case, the injured worker's working diagnoses are lumbar facet syndrome; and lumbar sprain/strain. The injured worker's date of injury is October 3, 2013. According to progress note dated March 27, 2015, the injured worker complains of low back pain that radiates to the lateral right side. The documentation shows Prilosec 20 mg was to be taken b.i.d. The guidelines recommend Prilosec 20 mg one daily. Additionally, there is no documentation or comorbid conditions of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for Prilosec 20 mg b.i.d. Consequently, absent compelling clinical documentation with risk factors and co-morbid conditions, a clinical rationale with proper dosing frequency, Prilosec 20mg with no refills is not medically necessary.

Flurbiprofen (NAP) cream-LA, 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. 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, Flurbiprofen (NAP) cream-LA with no refills is not medical 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. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbar facet syndrome; and lumbar sprain/strain. The injured worker's date of injury is October 3, 2013. According to progress note dated March 27, 2015, the injured worker complains of low back pain that radiates to the lateral right side. The documentation does not contain a specific anatomical region for topical Flurbiprofen application. Topical Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Topical Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen (NAP) cream-LA is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen (NAP) cream-LA with no refills is not medically necessary.