

Case Number:	CM15-0081609		
Date Assigned:	05/04/2015	Date of Injury:	03/31/2012
Decision Date:	06/30/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, 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:

This is a 29 year old male patient, who sustained an industrial injury on 3/31/2012. The diagnoses include cervical and lumbar intervertebral disc disorder with myelopathy and shoulder rotator cuff syndrome. Per the doctor's note dated 3/19/2015 he had complaints of headache, pain over the bilateral clavicles, bilateral shoulders, chest, sternal, bilateral arms and elbows, cervical, thoracic, lumbar bilateral hips, knees and legs; dizziness, anxiety, stress and insomnia. The physical examination revealed tenderness over multiple areas, positive Spurling's test bilaterally, positive straight leg raising test bilaterally at 45 degrees. The medications list includes Norco, Prilosec, Naproxen and Topical Compound Creams. He has had cervical MRI on 3/29/15 which revealed multilevel disc degeneration; lumbar MRI on 3/25/2015 which revealed disc dessication at L1-2 and narrowing of left lateral recess at L4-5. Other therapy done for this injury was not specified in the records provided. The request is for Prilosec, Naproxen, Flur 20%/Baclo 2%/Dexa 2%/Menthol 2%/Camphor 2%, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg/tab #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

Decision rationale: Request- Prilosec 20mg/tab #30. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events; treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg/tab #30 is not established for this patient.

Naproxen 550mg/tab #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22 and 67.

Decision rationale: Request-Naproxen 550mg/tab #60. Naproxen is a NSAID, CA MTUS page 67 states that NSAIDs are recommended for chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS also states that Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Per the submitted medical records, patient had pain over the multiple areas. The patient also had abnormal objective physical exam findings- tenderness over multiple areas, positive Spurling's test bilaterally, positive straight leg raising test bilaterally at 45 degrees. NSAIDs are considered first line treatment for pain and inflammation. The request of Naproxen 550mg/tab #60 is medically appropriate and necessary.

Flur 20%, Baclo 2%, Dexa 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, H. Acid 0.20%: Upheld

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

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

Decision rationale: Request- Flur 20%, Baclo 2%, Dexa 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, H. Acid 0.20% The cited Guidelines regarding topical analgesics state, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, and antidepressants). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and baclofen are not recommended by the cited guidelines for topical use as cited, because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flur 20%, Baclo 2%, Dexa 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, H. Acid 0.20% is not fully established for this patient.

Norco 5/325mg/tab #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

Decision rationale: Request- Norco 5/325mg/tab #80. Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function; continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of

illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant, anticonvulsant or lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg/tab #80 is not established for this patient.