

Case Number:	CM15-0082696		
Date Assigned:	05/04/2015	Date of Injury:	09/07/2013
Decision Date:	06/17/2015	UR Denial Date:	04/14/2015
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: 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 45 year old male with an industrial injury dated 9/07/2013. The injured worker's diagnoses include lumbar spinal stenosis and displacement of lumbar intervertebral disc. Treatment consisted of radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 3/19/2015, the injured worker reported thoraco-lumbar spine pain. The treating physician reported that the x-ray of the thoracic spine and lumbar spine revealed loss of lumbar lordosis. The treating physician prescribed Kera Tek Gel 4oz bottle and Flurbiprofen/Omeprazole 100/10mg quantity 60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek Gel 4oz bottle: 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 Salicylate topical Page(s): 105.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is not provided in the medical file. The current request is for Kera Tek Gel 4oz bottle #1. Treatments to date have included medications and physical therapy. The patient is currently not working. Kera-Tek analgesic gel contains Menthol 16g in 100g and Methyl Salicylate 28g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and it is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." The medical file provided for review includes initial consultation report 09/22/14 and progress reports 03/19/15 and 04/27/15. According to progress report 03/19/15, the patient presents for a follow up regarding his chronic back pain. He is participating in physical therapy which has helped. Examination revealed "persistent pain to the lumbar spine". X-rays were taken which revealed loss of lumbar lordosis. The following medications were dispensed; Norco for pain, Cyclobenzaprine as muscle relaxant, Diclofenac sodium for inflammation and Pantoprazole "to prevent gastritis/heartburn". The patient was also given a prescription for Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, Flurbiprofen/Cyclo/Menthol cream and Kera Tek gel. The patient was first prescribed Kera Tek gel on 09/22/14. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not present with such a condition for which topical NSAIDs may be indicated. The patient has neck and low back pain and MTUS states, "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The requested Kera Tek gel is not medically necessary.

Flurbiprofen/Omeprazole 100/10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory, Omeprazole Page(s): 22,68-69.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is not provided in the medical file. The current request is for Flurbiprofen/Omeprazole 100/10MG #60. Treatments to date have included medications and physical therapy. The patient is currently not working. MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted". For omeprazole, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or

corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The medical file provided for review includes initial consultation report 09/22/14 and progress reports 03/19/15 and 04/27/15. According to progress report 03/19/15, the patient presents for a follow up regarding his chronic back pain. He is participating in physical therapy which has helped. Examination revealed "persistent pain to the lumbar spine". X-rays were taken which revealed loss of lumbar lordosis. The following medications were dispensed; Norco for pain, Cyclobenzaprine as muscle relaxant, Diclofenac sodium for inflammation and Pantoprazole "to prevent gastritis/heartburn". The patient was also given a prescription for Orphenadrine/Caffeine, Gabapentin/Pyridoxine, Omeprazole/Flurbiprofen, Flurbiprofen/Cyclo/Menthol cream and Kera Tek gel. It appears that the treating physician is initiating the combination medication Omeprazole/Flurbiprofen, as it is not discussed in prior reports. The rationale for prescribing this medication was not provided. It is unclear why this medication is prescribed when Diclofenac sodium and Pantoprazole were already dispensed. Furthermore, MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which omeprazole would be indicated. The requested medication is not medically necessary.