

Case Number:	CM15-0084392		
Date Assigned:	05/06/2015	Date of Injury:	08/24/2004
Decision Date:	06/30/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/01/2015

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 60 year old female, who sustained an industrial injury on 08/24/2004. She has reported injury to the upper and lower back. The diagnoses have included discogenic lumbar condition with disc protrusion at L4-L5 and L5-S1; mid back sprain with spasms; and inflammation on the second metatarsophalangeal joint on the left. Treatment to date has included medications, diagnostics, injections, back support, chiropractic sessions, TENS (transcutaneous electrical nerve stimulation) unit, and bilateral L4-L5 and L5-S1 facet joint medial branch block. Medications have included Norco, Ultram ER, and Flexeril. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsened low back pain; she has started chiropractic sessions, which gives her significant relief; and she continues to work full-time. Objective findings included tenderness across the lumbar paraspinal muscles bilaterally; and pain along the facets and pain with facet loading. The treatment plan has included the request for Norco 10/325mg, quantity 90; Norco 10/325mg, quantity 90; Protonix 20mg, quantity 60; and LidoPro lotion, quantity 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 60 year old patient complains of worsening lower back pain, as per progress report dated 04/07/15. The request is for Norco 10/325mg Quantity 90. The RFA for the case is dated 04/07/15, and the patient's date of injury is 08/24/04. Diagnoses, as per progress report dated 04/07/15, included discogenic lumbar condition with disc protrusion at L4-5 and L5- S1, mid back pain and spasms, and inflammation on second metatarsophalangeal joint on the left. Requested medications include Norco, Flexeril, Protonix, Lidoderm patch, Lidopro lotion and Naproxen. The patient rates the pain as 9/10, and is status post right shoulder surgery in 2011, as per progress report dated 02/04/15. The patient works full-time regular duties, as per progress report dated 04/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 07/18/14, and the patient has been taking the medication consistently at least since then. The patient is working full time, as per progress report dated 04/07/15, indicating high function. However, the treater does not use a numerical scale to document reduction in pain nor does the treater provide specific examples that indicate improvement in function due to Norco use. No UDS or CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 60 year old patient complains of worsening lower back pain, as per progress report dated 04/07/15. The request is for Norco 10/325mg Quantity 90. The RFA for the case is dated 04/07/15, and the patient's date of injury is 08/24/04. Diagnoses, as per progress report dated 04/07/15, included discogenic lumbar condition with disc protrusion at L4-5 and L5- S1, mid back pain and spasms, and inflammation on second metatarsophalangeal joint on the left. Requested medications include Norco, Flexeril, Protonix, Lidoderm patch, Lidopro lotion and Naproxen. The patient rates the pain as 9/10, and is status post right shoulder surgery in 2011, as per progress report dated 02/04/15. The patient works full-time regular duties, as per

progress report dated 04/07/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 07/18/14, and the patient has been taking the medication consistently at least since then. The patient is working full time, as per progress report dated 04/07/15, indicating high function. However, the treater does not use a numerical scale to document reduction in pain nor does the treater provide specific examples that indicate improvement in function due to Norco use. No UDS or CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Protonix 20mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation FDA indications <http://www.drugs.com/pro/protonix.html>.

Decision rationale: The 60 year old patient complains of worsening lower back pain, as per progress report dated 04/07/15. The request is for Protonix 20mg Quantity 60. The RFA for the case is dated 04/07/15, and the patient's date of injury is 08/24/04. Diagnoses, as per progress report dated 04/07/15, included discogenic lumbar condition with disc protrusion at L4-5 and L5- S1, mid back pain and spasms, and inflammation on second metatarsophalangeal joint on the left. Requested medications include Norco, Flexeril, Protonix, Lidoderm patch, Lidopro lotion and Naproxen. The patient rates the pain as 9/10, and is status post right shoulder surgery in 2011, as per progress report dated 02/04/15. The patient works full-time regular duties, as per progress report dated 04/07/15. 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. of GI issues. Recommendation is for denial. specific request, however FDA indications <http://www.drugs.com/pro/protonix.html>, are present "PROTONIX- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, a prescription for Protonix is first noted in progress report dated 11/24/14,. The patient is also taking NSAIDs such as Nalfon and Naproxen. In progress report dated 11/24/14, the treater states that the medication is for upset stomach but does not provide a GI risk assessment for the patient. There is no documentation of failure of first-line proton pump inhibitors. Additionally, the treater does not discuss the efficacy of Pantoprazole. Hence, the request is not medically necessary.

LidoPro lotion quantity 4 ounces: 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 60 year old patient complains of worsening lower back pain, as per progress report dated 04/07/15. The request is for Lidopro Lotion Quantity 4 Ounces. The RFA for the case is dated 04/07/15, and the patient's date of injury is 08/24/04. Diagnoses, as per progress report dated 04/07/15, included discogenic lumbar condition with disc protrusion at L4-5 and L5-S1, mid back pain and spasms, and inflammation on second metatarsophalangeal joint on the left. Requested medications include Norco, Flexeril, Protonix, Lidoderm patch, Lidopro lotion and Naproxen. The patient rates the pain as 9/10, and is status post right shoulder surgery in 2011, as per progress report dated 02/04/15. The patient works full-time regular duties, as per progress report dated 04/07/15. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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). 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. In this case, Lidopro lotion is first noted in progress report dated 07/18/14, and the patient has been using the topical since then. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS guidelines do not support any other formulation Lidocaine other than topical patches. Hence, this request is not medically necessary.