MAXIMUS Federal Services

Case Number:	CM15-0086648		
Date Assigned:	05/08/2015	Date of Injury:	06/19/2013
Decision Date:	07/01/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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 64 year old female, who sustained an industrial injury on 06/19/2013. She has reported subsequent low back, wrist, hip and right foot pain and was diagnosed with discogenic lumbar condition with facet inflammation and wrist and hip joint inflammation. Treatment to date has included oral pain medication and a hip injection. In a progress note dated 03/25/2015, the injured worker complained of low back, right hip, foot and wrist pain. Objective findings were notable for tenderness of the wrist joint, decreased sensation along the C5-C6 dermatome on the right side and tenderness along the ulnar nerve noted at the elbow especially on the right side. A request for authorization of Flexeril, Lidopro patches, Protonix and Aciphex was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Flexeril Page(s): 63-66, 41-42.

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with low back pain, right hip pain, right foot pain, and right wrist pain. The treater has asked for FLEXERIL 7.5MG #60 on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p oral medications, blood testing for liver/kidney function, MRI right hip, x-ray of right ankle, physical therapy, cane. The patient had an unspecified right foot surgery in 2001. The patient is currently taking Norco, Aspirin, Ditropan, Acipihex per 3/10/15 report. The patient has not worked since November 2013 and is temporarily totally disabled per 3/25/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The treater does not discuss this request in the reports provided. In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient does not have a history of taking Flexeril per review of reports dated 9/2/14 to 3/25/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets does not imply short duration therapy, and the treater does not describe the request as such. Therefore, the request IS NOT medically necessary.

LidoPro patches, no quantity indicated: 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 Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57 ,112, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Lidoderm.

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with low back pain, right hip pain, right foot pain, and right wrist pain. The treater has asked for LIDOPRO PATCHES, NO QUANTITY INDICATED on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p oral medications, blood testing for liver/kidney function, MRI right hip, x-ray of right ankle, physical therapy, cane. The patient had an unspecified right foot surgery in 2001. The patient is currently taking Norco, Aspirin, Ditropan, Acipihex per 3/10/15 report. The patient has not worked since November 2013 and is temporarily totally disabled per 3/25/15 report. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of

localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater is requesting a trial of lidopro patches. Review of reports dated 9/2/14 to 3/25/15 show that the patient has not had prior use of Lidopro patches. In this case, the patient has chronic pain of the right foot and right wrist. However, it appears the patient's pain in the wrist and the foot are not neuropathic per MTUS guidelines. The diagnoses per 10/22/14 report state: "right wrist inflammation rule out cervical radiculopathy" and "exacerbation of right foot pain s/p previous fusion." Topical Lidocaine is indicated for pain of neuropathic origin which this patient does not have. The request IS NOT medically necessary.

Protonix, no dosage/quantity indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, section on Proton Pump Inhibitors.

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with low back pain, right hip pain, right foot pain, and right wrist pain. The treater has asked for Protonix No Dosage/Quantity Indicated on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p oral medications, blood testing for liver/kidney function, MRI right hip, x-ray of right ankle, physical therapy, cane. The patient had an unspecified right foot surgery in 2001. The patient is currently taking Norco, Aspirin, Ditropan, Acipihex per 3/10/15 report. The patient has not worked since November 2013 and is temporarily totally disabled per 3/25/15 report. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." 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. In regards to the request for Protonix, the treater has not provided a reason for the request. Review of reports dated 9/2/14 to 3/25/15 show the patient has not taken Omeprazole. However, the patient is taking Aciphex per reports dated 9/2/14, 12/10/14, and 3/10/15. The patient does have a history of GERD per requesting 3/25/15 report. The patient is currently taking an NSAID aspirin. PPI's are generally indicated in patients who suffer from dyspepsia or those taking high-dose NSAIDs, there is no indication from the reports provided that this patient currently has upper GI complaints secondary to NSAID utilization. Without an appropriate GI assessment or indication that this patient suffers from dyspepsia secondary to NSAID utilization, the use of this medication cannot be substantiated. Therefore, this request IS NOT medically necessary.

Aciphex 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, section on Proton Pump Inhibitors.

Decision rationale: Based on the 3/25/15 progress report provided by the treating physician, this patient presents with low back pain, right hip pain, right foot pain, and right wrist pain. The treater has asked for ACIPHEX 20MG #30 on 3/25/15. The request for authorization was not included in provided reports. The patient is s/p oral medications, blood testing for liver/kidney function, MRI right hip, x-ray of right ankle, physical therapy, cane. The patient had an unspecified right foot surgery in 2001. The patient is currently taking Norco, Aspirin, Ditropan, Acipihex per 3/10/15 report. The patient has not worked since November 2013 and is temporarily totally disabled per 3/25/15 report. Rabeprazole is a PPI similar to omeprazole. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The requesting physician does not explain why this medication is requested. The patient is taking Aciphex per reports dated 9/2/14, 12/10/14, and 3/10/15. The patient is currently taking an NSAID - aspirin. The patient does has a history of GERD as indicated by treater in 3/25/15 report. Considering history of GERD and patient's concurrent use of an NSAID, a PPI would be reasonable. The request IS medically necessary.