

Case Number:	CM14-0119712		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2012
Decision Date:	11/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker has a reported date of injury on 6/15/2012. Mechanism of injury is claimed to be from pushing at work. Medical reports reviewed. Patient has a diagnosis of cervical sprain, thoracic sprain, lumbar sprain and lumbosacral/thoracic neuritis. Agreed Medical Evaluation (AME) dated 2/13/13 has diagnosis of Mild cervical and lumbar spondylosis, myofascial pain syndrome, overweight, history of alcohol and drug abuse, psychiatric co-morbidities and chronic pain syndrome. AME was the last report available until 5/10/14. Most of the progress notes are hand written and provide very brief or minimal information. Patient reported a complaint of neck pain, low back pain. Patients reports medications and TENS (Transcutaneous Electrical Neural Stimulation) treatment help with pain. Objective exam was a check off on box on tenderness to palpation, normal gait and decreased range of motion. Last real report with any real information is dated 2/13/13. Of relevance is an MRI report of the Lumbar from 8/13/12 that revealed mild facet degenerative changes at L4-5 ad L5-S1, Normal Thoracic spine MRI(11/5/12) and cervical spine MRI(12/28/12) revealed multiple level C2-3 through C5-6 disc desiccation which is common for most of the population. An EMG of the lower extremity on 10/26/12 reportedly revealed L4-5 radiculopathy. A note mentions that he had GERD from NSAIDs. A UR denial appeal dated 5/28/14 claims that Lidoderm/Lidopro was a 2nd line treatment after failure of 1st line treatment without stating what that treatment was and followed up with cut and pasted statements from the Official Disability Guide sections that specially supports non-denial in this case. No medication list was provided for review. It is not clear what patient is taking. No official imaging or electrodiagnostic reports were provided for review. Reasoning behind the requested medications were copy and pasted sections from MTUS guidelines and ODG with no documentation of how these guidelines relate to the request for medications. Independent Medical Review is for Topiramate 25mg x2, Ketoprofen 75mg #60

x2, Omeprazole 20mg #60 and "Lidopro" with refill. Prior UR on 7/2/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60 x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs) Page(s): 16-21.

Decision rationale: Topiramate is in the class of Antiepileptic Drugs (AEDs). AEDs are useful and effective in the treatment of certain neuropathic pains. As per MTUS Chronic Pain guidelines, Topiramate is a second line AED. It appears less effective against multiple neuropathic pains compared to other first line agents but may be considered if first line agents failed. There is no documentation of first line medication failure or trials of other trials of neuropathic pain treatments. There is no documentation of effectiveness to this medication. The provided documentation does not support the use of a second line medication. Topiramate is not medically necessary.

Ketoprofen 75mg #60 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: Ketoprofen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. There is no documentation by the provider about why Ketoprofen is being prescribed chronically and there is no documented improvement. The request for refills also does not support short term use or appropriate monitoring. There is documentation of dyspepsia with this medication. Ketoprofen is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient has a diagnosis of gastroesophageal reflux disease related to medication use, however NSAID is not indicated in this patient (see review of Ketoprofen) and therefore a PPI (proton pump inhibitors) is not indicated as well. Omeprazole is not medically necessary.

Lidopro: 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: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." Lidopro contains Capsaicin, Lidocaine, Methyl Salicylate and Menthol.1) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended.2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no documentation of at an attempt of trial with a 1st line agent and patient has no actual documentation of neuropathy except for an EMG report. Objective exam fails to support neuropathy. It is therefore not recommended.3) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There may be some utility for patient's pain. Patient is on it chronically. Not medically recommended.4) Menthol: There is no data on Menthol in the MTUS. The provider has been consistent in failing to provide documentation to support request for this compounded medication. The prescription is also incomplete with no amount or dosage/concentration requested. Since this is an incomplete prescription and multiple drugs are not recommended, the combination medication, Lidopro is not recommended. Therefore, this request is not medically necessary.