

Case Number:	CM14-0120980		
Date Assigned:	08/06/2014	Date of Injury:	08/12/2013
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 34-year old male injured on 08/12/13 while installing a tile roof and performing repetitive bending resulting in low back pain. Initial treatment included medication management, activity modification, physical therapy, and injection therapy without significant relief. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbosacral neuritis or radiculitis, lumbar facet joint syndrome/hypertrophy, psychosexual dysfunction, dysthymic disorder, and insomnia. The clinical note dated 05/29/14 indicated the injured worker presented complaining of low back pain radiating into the right lower extremity rated at 8/10 with associated numbness, tingling, and weakness of the extremity. Objective findings included an antalgic gait, severe tenderness to palpation over the paraspinal musculature with muscle guarding over bilateral L3 through S1, severe tenderness over L3 through S1 facet joints, decreased range of motion of the lumbar spine, straight leg raise positive bilaterally, severe tenderness over the sciatic nerve on the right, decreased sensation in the right S1 and S2 dermatomal distribution, motor power testing reveals weakness in the right S1 and S2 myotomes, Kemp's test positive bilaterally, and the injured worker unable to heel and toe walk bilaterally. The treatment plan included Norco 2.5/325mg 1 tablet TID, Ultram ER 150mg 1 capsule BID, Voltaren XR 100mg 1 tablet every 16 hours, Quazepam 15mg 1 tablet QHS, Fexmid 7.5mg 1 tablet every 8 hours, and urine drug screen. The initial request was non-certified on 07/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20mg #60 is recommended as medically necessary.

Diclofenac Sodium 100mg #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 Diclofenac (Voltaren), Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, diclofenac is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non pharmacological therapy should be considered. As such, the request for Diclofenac Sodium 100mg #60 cannot be recommended as medically necessary.

Cyclobenzaprine 10%, Flubiprofen 25% cream: 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. These components have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Cyclobenzaprine 10%, Flurbiprofen 25% cream is not medically necessary.