

Case Number:	CM14-0149208		
Date Assigned:	09/30/2014	Date of Injury:	06/04/1990
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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:

The case involves a 68 year old injured worker who sustained an injury on 6/4/1990. No mechanism of injury was provided for review. The current diagnosis is spondylosis L5-S1, right shoulder impingement, chronic cervical and lumbar complaints. Last report available was until 9/3/14, which the patient complains of neck pain radiating to bilateral shoulders and arms as well as complaints of headaches. The reported pain rate was 6/10 and it was noted that the injured worker has sleep complaints due to pain. Objective exam reveals normal gait; limited range of motion (ROM) of cervical and lumbar spine; tenderness to cervical spine; decreased sensation to right side C6, C7 and C8 dermatomes; 4/5 R deltoid and biceps strength. No MRI can be done due to patient's pacemaker. Note from 9/3/14 states that Omeprazole was prescribed "to prevent development of gastric ailments". Pain medications "are helping" and "increases" level of function. There was no imaging or electrodiagnostic reports were provided for review; no medication list was provided for review; no medical problems list was provided for review; and only a pacemaker was noted by the treating physician. The patient has a history of L L5-S1 epidural steroid injection on 3/12 that provided minimal improvement, acupuncture and chiropractic with no improvement. Note from 7/30/14 states that patient has not tried physical therapy. Independent Medical Review is for LidPro ointment #4oz, Hydrocodone/APAP 10/325mg #210, Omeprazole 20mg #120, Celebrex 200mg #30 and Ambien 10mg #30. Prior UR on 8/29/14 and 8/8/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidPro Ointment 4 oz #1: 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): 111-113.

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 an attempt of trial with a 1st line agent and patient has no actual documentation of 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. The patient is on it chronically. Not medically recommended. 4) Menthol: There is no data on Menthol in the MTUS. Since multiple drugs are not recommended, the combination medication, Lidopro is not recommended. Therefore, for this request is not medically necessary.

Hydrocodone/APAP 10/325 MG #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Acetaminophen and Hydrocodone, commonly called Norco or Vicodin, is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted objective improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. The number of tablets prescribed is excessive and shows either poor monitoring or excessive use of the medication. Documentation does not support continued use of opioids. Therefore, this request is not medically necessary.

Omeprazole 20 MG #120: 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 non-steroidal anti-inflammatory drugs (NSAIDs) use or gastritis/peptic ulcer disease. As per MTUS guidelines, Proton-pump inhibitor (PPI) 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 with no past medical and ongoing medical problems documented anywhere on chart. There is no documentation provided to support NSAID related dyspepsia and the reasoning provided by provider is not sufficient. There is no documentation that the patient is on any NSAIDs except for Celebrex (which is denied in this review-see section for details). Therefore, this request is not medically necessary.

Celebrex 200 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Celebrex is a COX-2 selective inhibitor, non-steroidal anti-inflammatory drugs (NSAIDs). As per MTUS Chronic pain guidelines, COX-2 inhibitors, like Celebrex, is recommended only for patients with risk of gastrointestinal (GI) events like bleeds. There is no documentation of patient's other medical problems or any risks for GI events. Patient has a pacemaker with unknown heart disease since there is no documentation of patient's underlying medical problems documented anywhere. COX-2 inhibitors are not recommended in patients with cardiovascular risks. The lack of documentation by the treating providers does not support the continued use of Celebrex. Therefore, this request is not medically necessary.

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain>, <Insomnia

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of Zolpidem of insomnia due to pain. Zolpidem is a benzodiazepine used for insomnia. As per Official Disability Guidelines (ODG), Zolpidem is recommended only for short term use of less than 7-10 days. If insomnia does not improve, other underlying problems including physical or psychiatric should be managed. Per the reports, the patient appears to have

been on Zolpidem for many months. There is no documentation of the effectiveness of Zolpidem on this patient and there is no documentation of side effects or if the use of this medication is chronic or intermittent. Chronic use is not appropriate and the prescription is excessive for short term use or tapering. Therefore, this request is not medically necessary.