

Case Number:	CM14-0164472		
Date Assigned:	10/09/2014	Date of Injury:	12/03/2012
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 injured worker is a 57 year old female with a date of injury on 12/3/2012. On 09/18/14, she complained of ongoing pain in the low back and buttocks associated with numbness and tingling in the right hand, left leg, and foot. She also reported numbness and tingling in the right hand. An exam revealed positive sitting straight leg test and positive supine straight leg test bilaterally. Lumbar spine range of motion (ROM) revealed at 60 degrees and extension at 5 degrees. Reduced sensation in the L4 nerve root was also noted. Her electromyography (EMG) demonstrated mild S1 chronic radiculopathy. Magnetic resonance imaging (MRI) of the lumbosacral spine revealed extruded disc on the posterior body of L1. There was no significant stenosis. There were disc herniations, mild to moderate in size. At L2-3, L3-4, L4-5 and L5-S1, there were marked narrowing of the LS-S1 disc space. Magnetic resonance imaging (MRI) of the pelvis on 02/20/14 revealed there was mild enhancement and minimal amount of fluid seen surrounding the hamstring tendons at the attachment of the ischial tuberosities. She underwent nose surgery and right eye surgery. Current medications include Lidocaine patch, Ultracet, and Prilosec. She reported that the lumbar epidural injection provided pain relief for approximately one week, but the pain has since returned. Physical therapy and the injections provided her with relief. Acupuncture did not fully relieve her pain. Her medications helped her to reduce symptoms. Diagnoses include history of sacral fracture, left S 1 radiculopathy, multilevel lumbar disc herniations with spinal stenosis and radicular symptoms in the left lower extremity. The request for Lidocaine Patch 5% #30 with 2 refills, Ultracet #90 with 3 refills, and Prilosec 20mg #30 with 3 refills was denied on 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical lidocaine may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors [SNRI] anti-depressants or an anti-epileptic drugs [AED] such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is no diagnosis of post-herpetic neuralgia; any other applications are considered off-label. Furthermore, there is no documentation of trial and failure of first-line therapy in this injured worker. Therefore, the request is not medically necessary.

Ultracet #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, Ultracet (Tramadol + Acetaminophen) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, a diverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) if the injured worker has improved functioning and pain. In this case, the clinical information is limited and there little to no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) and function with prior use. There is no evidence of attempt to return to work. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity of Ultracet has not been established.

Prilosec 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state proton pump inhibitors (PPI) medications such as omeprazole (Prilosec) may be indicated for injured workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drugs (NSAID) (e.g., nonsteroidal anti-inflammatory drugs [NSAID] + low-dose acetylsalicylic acid [ASA]). Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drugs [NSAID] therapy recommendation is to stop the nonsteroidal anti-inflammatory drugs [NSAID], switch to a different nonsteroidal anti-inflammatory drug [NSAID], or consider H2-receptor antagonists or a proton pump inhibitors (PPI). The guidelines recommend gastrointestinal (GI) protection for injured workers with specific risk factors, however, the medical records do not establish the injured worker is at significant risk for gastrointestinal (GI) events; There is no evidence of significant dyspepsia unresponsive to change in cessation or change of nonsteroidal anti-inflammatory drugs (NSAID) or proton pump inhibitors (PPI). Furthermore, Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Thus, the medical necessity of Prilosec has not been established in accordance with the California Medical Treatment Utilization Schedule guidelines.