

Case Number:	CM14-0080855		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2010
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of November 13, 2010. A utilization review determination dated May 16, 2014 recommends non-certification of a general practitioner follow-up for kidney insufficiency, Hydrocodone/APAP 5/325 mg #120, Omeprazole 20 mg #60, Orphenadrine citrate 100 mg ER #60, and Lidopro topical ointment for ounces #1. A progress note dated April 14, 2014, identifies subjective complaints of low back pain and neck pain that has increased since the last visit, the patient has had a bad flare up for the past five days after bending down, he rates his pain a 5 - 7/10, he reports shooting pain with quick movements or when he rises from a seated position, and he has numbness down the right leg down to the knee. The patient is currently taking Norco 5/325 mg one daily, Prilosec as needed, and Lidopro cream as needed. He states the medications help decrease his pain by about 10% temporarily and allow him to increase his walking distance by about 15 minutes and denies side effects with the medications. He states his pain limits his activity, however, when he experiences severe pain he goes out on a walk to keep moving. Physical examination identifies a mildly antalgic gait, palpable spasms in the back, lumbar spine range of motion decreased in all planes and limited by pain, lumbar extension limited to 5, lower extremity sensation is intact, right tibialis anterior, EHL, inversion, and eversion are 5/5. There are palpable cords in the right lower extremity, and diminished bilateral lower extremity reflexes. Diagnoses include grade I spondylolisthesis at L5 - S1, multilevel lumbar stenosis, lumbar radiculopathy, and status post MLD 1992. The treatment plan recommends continuation of home exercise program, request additional acupuncture for the patient back at two times a week for two weeks, a prescription for Norco 5/325 mg #120, Flexeril 7.5 mg #30, Prilosec #60, Orphenadrine citrate 100mg ER #60, Lidopro topical ointment 4oz #1, and general practitioner follow-ups for patient's kidney insufficiency.

IMR ISSUES, DECISIONS AND RATIONALES

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

General Practitioner Follow-ups (for kidney insufficiency): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to a general practitioner for follow up regarding kidney insufficiency, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no documentation indicating that the patient has any previous diagnosis of kidney insufficiency or any current subjective, objective, or laboratory findings consistent with kidney insufficiency. In light of the above issues, the currently requested referral to a general practitioner for follow up regarding kidney insufficiency is not medically necessary.

Hydrocodone / APAP 5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen) 5/325mg #125, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is significantly improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no discussion regarding aberrant use. There is documentation of only a temporary 10% improvement of pain with an improvement of walking distance by only 15 minutes. Furthermore, this documented improvement is not specific to only Norco. In the absence of such documentation, the currently requested Norco (Hydrocodone/acetaminophen) 5/325mg #125 is not medically necessary.

Omeprazole 20 mg cap #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAIDs) therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole 20mg #60 is not medically necessary.

Orphenadrine Citrate 100 mg ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine Citrate 100mg ER #60, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Orphenadrine is similar to Diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine citrate 100mg ER #60 is not medically necessary.

Lidopro Topical 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 Page(s): 111-113 of 127.

Decision rationale: Regarding request for LidoPro topical ointment 4oz #1, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug

or drug class that is not recommended is not recommended. Regarding use of Capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel is indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. In addition, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy. In the absence of clarity regarding those issues, the currently requested LidoPro topical ointment 4oz #1 is not medically necessary.