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| Case Number: | CM14-0093171 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 12/16/2013 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with a date of injury of 12/16/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar sprain/strain. 2. Thoracic sprain/strain. According to progress report 05/14/2014, the patient presents with constant pain in the upper and lower back that is sharp, shooting, and burning with activity. Her pain travels to her right leg as she has episodes of numbness and tingling in her right leg and foot. Examination of the lumbar spine revealed antalgic gait, tenderness and spasm in the paravertebral muscles and painful toe and heel walk. Treater states "I am formally requesting authorization for the patient's medication including Anaprox 550 mg 1 tablet twice daily as needed for inflammation #60, Prilosec 1 tablet twice daily as needed for stomach protection #60, gabapentin 300 mg 1 tablet 3 times a day for neuropathic pain and paresthesia #90, and Terocin patches for local relief 1 to 2 patches apply to area #30." He further notes "I am requesting 2 refills of the above medications to provide her with a 3-month supply." Utilization review denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 with 2 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18,19.

Decision rationale: This patient presents with constant pain in the upper and lower back that is sharp, shooting, and burning with activity. The treater is requesting Neurontin 300 mg #90 with 2 refills for patient's inflammation. Utilization review denied the request stating "There is no clear documentation that this patient has neuropathic pain affecting the right lower extremity. It is noted the patient has numbness." The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 18 to 19 has the following regarding gabapentin, "gabapentin has been shown to be effective for treatment of diabetic, painful neuropathy, and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain." On 05/14/2014, he requested Neurontin for patient's neuropathic pain and paresthesia. The treater does not provide any prior progress reports. It appears that this is the initial request. This request is medically necessary and appropriate.

Prilosec 20mg #60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID) gastrointestinal (GI) symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with constant pain in the upper and lower back that is sharp, shooting, and burning with activity. The treater is requesting Prilosec 20 mg #60 with 2 refills for "stomach protection." The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple non-steroidal anti-inflammatory drugs (NSAID). It appears the patient is being prescribing this medication for prophylactic protection of the stomach from using NSAIDs. However, the treater does not document dyspepsia or any GI issues, other than "upset stomach." Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary and appropriate.

Terocin patch #30 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Chronic pain-Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: This patient presents with constant pain in the upper and lower back that is sharp, shooting, and burning with activity. The treater is requesting Terocin patch #30 for "local relief 1 to 2 patches apply to the area." Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing the patches for the patient's low back pain, which is not supported by California (MTUS). The requested Terocin patches are not medically necessary.