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| Case Number: | CM14-0095174 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 08/22/2005 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

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 injured worker is a 53 year-old female, who sustained an injury on August 22, 2005. The mechanism of injury is not noted. Diagnostics have included: October 13, 2010 cervical spine MRI reported as showing multi-level disc protrusions; August 6, 2010 lumbar spine MRI reported as showing L3-4 and L4-5 disc disease with foramina stenosis. Treatments have included: medications, June 7, 2012 L4-S1 fusion and instrumentation, medical branch blocks, radio frequency ablation. The current diagnoses are: cervical spondylosis, lumbar spondylosis, cervical and lumbar degenerative disc disease, cervicgia, lumbago, lumbosacral neuritis, muscle spasm, GI issues from COX-1 NSAID, depression, and anxiety. The stated purpose of the request for Prilosec 20mg #30 was not noted. The request for Prilosec 20mg #30 was denied on May 30, 2014, noting that the injured worker is not begin treated with a COX1 inhibitor NSAID and had been previously approved for a 30 day supply of Prilosec for a past history of gastritis during a transition to a lower dose of Celebrex and there was no documented medical necessity for additional quantity of this proton-pump inhibitor. The stated purpose of the request for Celebrex 200mg #60 was not noted. The request for Celebrex 200mg #60 was denied on May 30, 2014, citing a lack of documentation of a diagnosis of rheumatologic disorders. The stated purpose of the request for Anti-inflammatory cream was not noted. The request for Anti-inflammatory cream was denied on May 30, 2014, citing a lack of documentation of guideline support for compounded topical medications. The stated purpose of the request for Lorzone 750mg #60 was not noted. The request for Lorzone 750mg #60 was denied on May 30, 2014, citing a lack of documentation of derived functional benefit for muscle spasms from a 30 day trial. The stated purpose of the request for TN1 cream #120gm was not noted. The request for TN1 cream #120gm was denied on May 30, 2014, citing a lack of documentation of guideline support for compounded topical medications. Per the report dated May 1, 2014, the treating

physician noted complaints of pain to the neck and low back as well as headaches. Exam findings included cervical and lumbar paraspinal tenderness and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Overturned

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 & cardiovascular risk, Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg #30, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the neck and low back as well as headaches. The treating physician has documented cervical and lumbar paraspinal tenderness and spasms. The request for Prilosec 20mg #30 was denied on May 30, 2014, noting that the injured worker is not begin treated with a COX1 inhibitor NSAID and had been previously approved for a 30 day supply of Prilosec for a past history of gastritis during a transition to a lower dose of Celebrex and there was no documented medical necessity for additional quantity of this proton-pump inhibitor. However, due to the history of gastritis, the medical necessity has been established for continued use of this proton-pump inhibitor while the injured worker is being treated with NSAID's. The criteria noted above having been met, Prilosec 20mg #30 is medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Celebrex 200mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can

resume, but long-term use may not be warranted." The injured worker has pain to the neck and low back as well as headaches. The treating physician has documented cervical and lumbar paraspinal tenderness and spasms. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200mg #60 is not medically necessary.

Anti-inflammatory cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Anti-inflammatory cream, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck and low back as well as headaches. The treating physician has documented cervical and lumbar paraspinal tenderness and spasms. The treating physician has not documented trials of anti-depressants or anti-convulsants. The criteria noted above not having been met, Anti-inflammatory cream is not medically necessary.

Lorzone 750mg #60: Upheld

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

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

Decision rationale: The requested Lorzone 750mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the neck and low back as well as headaches. The treating physician has documented cervical and lumbar paraspinal tenderness and spasms. The treating physician has not documented objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Lorzone 750mg #60 is not medically necessary.

TN1 cream #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested TN1 cream #120gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain to the neck and low back as well as headaches. The treating physician has documented cervical and lumbar paraspinal tenderness and spasms. The treating physician has not documented trials of anti-depressants or anti-convulsants. The criteria noted above not having been met, TN1 cream #120gm is not medically necessary.