

Case Number:	CM14-0216225		
Date Assigned:	01/06/2015	Date of Injury:	01/12/2010
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male worker who suffered a work related injury on 01/12/2010. Diagnoses include acute lumbar strain, acute thoracic strain, and rule out herniated nucleus pulposus of L4-5, and L5-S1. The primary physician progress note dated 11/11/2014 documents the injured worker has persistent lower back pain associated with radicular pain in the left and right leg. He is performing his home exercise program as instructed and using heat prior to his exercises. Examination of the lumbar spine reveals tender midline at L4-5, S 1. Forward flexion is 30 degrees and extension 10 degrees. Lumbar range of motion is limited. There are no gross deficits except weak left EHL. On 11/11/2014 the request is for Flurbiprofen/Lidocaine topical cream 30g, quantity 1, Flurbiprofen/Lidocaine topical cream 60g, quantity 1, and Omeprazole 20mg, # 60. Utilization Review dated 12/10/2014 non-certified the request for Flurbiprofen/Lidocaine topical cream 30g, quantity 1, Flurbiprofen/Lidocaine topical cream 60g, quantity 1, citing California Medical Treatment Utilization Schedule (MTUS)- Topical nonsteroidal anti-inflammatory drugs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use. The topical compound containing Flurbiprofen and Lidocaine is not supported by the medical guidelines for the treatment of this patient's pain complaints. Omeprazole was non-certified citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. Omeprazole is a proton pump inhibitor used in the treatment of duodenal and gastric ulcers, symptomatic gastroesophageal reflux disease, erosive esophagitis

and hyper secretory conditions. Based on the clinical documentation provided there is no evidence that the injured worker has any of these conditions or that he is at risk for a GI event.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Proton Pump Inhibitors Page(s): 68-71.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastritis in high risk patients who are utilizing oral NSAIDs. The guidelines classified high risk as those aged greater than 65 years, on other products such as Aspirin or those with as past history of gastrointestinal disease such as GI bled. The records did not show that the patient was utilizing oral NSAID medication. There was no documentation of a history of gastrointestinal disease. The criteria for the use of Omeprazole 20mg #60 was not met.

Flurbiprofen/Lidocaine topical cream 30g QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Compound Topical Products Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS recommend that compound topical products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The guidelines recommend that topical products such as lidocaine be used individually for better evaluation of efficacy. The records show that the patient was diagnosed with back pain not neuropathic pain such as CRPS. There is no documentation that the patient could not tolerate oral NSAIDs. The patient did not fail first line anticonvulsant and antidepressant medications. The criteria for the use of Flurbiprofen/Lidocaine topical cream 30g QTY 1 was not met.

Flurbiprofen/Lidocaine topical cream 60g QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Compound Topical Products. NSAIDs Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The use of Lidocaine in the form of Lidoderm is recommended as a second line medication option. It is recommended that topical products be tried individually for better evaluation of efficacy. The records did not show subjective or objective findings consistent with a diagnosis of neuropathic pain. There was no documentation of failure of treatment with oral NSAIDs, anticonvulsants or antidepressant medications. The patient is utilizing multiple products containing NSAIDs that can increase the risk of NSAIDs related complications. The criteria for the use of Flurbiprofen/Lidocaine topical cream 60g QTY #1 was not met.