

Case Number:	CM14-0038694		
Date Assigned:	06/27/2014	Date of Injury:	04/06/2010
Decision Date:	03/25/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46 year old male who sustained an industrial injury on 4/6/10. He has reported back injury. The diagnoses have included status post multilevel lumbar fusion with bilateral lower extremity radiculopathy, status post spinal stimulator implant on 7/11/13, and medication induced gastritis. Treatment to date has included medications, surgery, trigger point injection and spinal cord stimulator. Currently, the injured worker complains of continued pain in the lower back that radiates down bilateral lower extremities. He states that the pain is much more manageable with the use of the spinal cord stimulator. He has reported up to 50 percent pain relief and radicular symptoms to bilateral extremities. He remains on his medications and has been able to cut back on his Norco. He feels that his medications help him to be able to function on a daily basis. He also gets relief with trigger point injections. Lumbar spine Magnetic Resonance Imaging (MRI) dated 8/30/11 revealed disc protrusion, facet hypertrophy, with bilateral foraminal narrowing. There was also bilateral foraminal impingement with associated facet arthropathy. Physical exam of the posterior lumbar revealed tenderness to palpation and increased muscle rigidity. There was decreased range of motion noted but able to forward flex with fingertips to knee level. There was pain with maneuvers. Straight leg raise was positive on the right. There was decreased sensation in the posterior lateral thighs and calves. Current medications included Norco, Anaprox, and Fexmid, Prilosec, Dendracin topical and Lidoderm patch. Work status was permanent and stationary. On 3/27/14 Utilization Review modified a request for Norco 10/325mg QTY: 120 and Prilosec 20mg QTY: 60 modified to Norco 10/325mg QTY: 60 and Prilosec 20mg QTY: 30, noting regarding the Norco, the lowest possible

dose should be prescribed to improve pain and function. Also, recommended are additional details regarding functional improvement at the time of future requests. Regarding the Prilosec, the physician noted that it is not clear what the duration is for this medication or why the injured worker requires 20mg twice daily since 20mg would be the reference dosage. Also, recommended additional clarifying information at the time of future submissions. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited. On 3/27/14 Utilization Review non-certified a request for Dendracin 120ml, noting the medical records contain limited information regarding the indication and proposed mechanism of action of topical treatment and the request is not supported by the guidelines. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 46 year old male has complained of low back pain since date of injury 4/6/10. He has been treated with lumbar spine surgery, spinal cord stimulation, trigger point injections, physical therapy and medications to include opioids since at least 02/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Prilosec 20mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 46 year old male has complained of low back pain since date of injury 4/6/10. He has been treated with lumbar spine surgery, spinal cord stimulation, trigger point injections, physical therapy and medications to include opioids since at least 02/2013. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in

this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Dendracin 120ml: Upheld

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

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

Decision rationale: This 46 year old male has complained of low back pain since date of injury 4/6/10. He has been treated with lumbar spine surgery, spinal cord stimulation, trigger point injections, physical therapy and medications to include opioids since at least 02/2013. The current request is for Dendracin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Dendracin lotion is not indicated as medically necessary.