

Case Number:	CM15-0111525		
Date Assigned:	06/18/2015	Date of Injury:	10/04/2007
Decision Date:	08/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 60-year-old male who sustained a work related injury October 4, 2007. While reaching to pick up a case of meat, he felt a pop in his back and developed pain. Past history included insulin dependent diabetes, asthma, hypertension, sleep apnea on CPAP (continuous positive airway pressure), and obesity. According to a physician's progress report, dated April 28, 2015, the injured worker presented with chronic intractable pain, rated 6/10 with medication and 9/10 without medication, with severe radiation down both legs. He also complains that he has been denied medication through insurance and is unable to sleep or walk for more than a half a block. Physical examination revealed he is able to walk but using an electric wheelchair, bilateral tenderness and spasms L3-S1 paraspinal muscles. There is decreased range of motion of the lumbar spine. Assessments are lumbago; chronic pain syndrome; degenerative disc disease, lumbar spine; obesity. Treatment plan included discussion of narcotic medication, one provider for prescriptions, and instruction on proper usage. The last urine toxicology was consistent, performed 11/11/2014. At issue, is the request for authorization for Fenoprofen, Lidocaine patch, Prilosec, and Theramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence of objective and radiographic findings suggestive of the diagnosis of osteoarthritis. The request for fenoprofen 400 mg # 60 is not medically appropriate and necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker, which would have a safer side effect profile. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.

Theramine #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Guidelines state that Theramine is a medical food intended for use in management of pain. However, there is no evidence that proves efficacy of Theramine. The request for Theramine is not medically appropriate and necessary.

Lidocaine patch #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 56-57.

Decision rationale: Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine patch is not medically appropriate and necessary.