

Case Number:	CM15-0116808		
Date Assigned:	06/25/2015	Date of Injury:	03/06/2002
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male injured worker suffered an industrial injury on 3/06/2002. The diagnoses included failed back syndrome, lumbar degenerative disc disease with facet arthropathy along with radicular symptoms into the buttocks and legs, constipation and spasm of the muscle. The injured worker had been treated with physical therapy, medications and epidural steroid injections. On 5/12/2015, the treating provider reported increased low back pain due to osteoarthritis. The pain was causing severe pain and muscle spasms. He was unable to walk for exercise due to the pain. The medications were giving relief during the day but were unable to sleep due to pain rated 8/10. On exam, the lumbar spine had restricted range of motion due to severe pain with tenderness along with positive straight leg raise. The injured worker reported he intermittently gets paresthesias on a daily basis into the legs. There was severe pain with range of motion to the right knee. The treatment plan included Anaprox, Protonix, Flurbiprofen 5%/Lidocaine 20%, DSS, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67, 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for NSAID medications state that NSAID's are recommended for acute conditions or acute exacerbation flare for short-term use. There also needs to be evidence of pain and functional improvement with its use. The injured worker had been on NSAID medications chronically for chronic conditions without evidence of functional improvement or measurable pain relief. Therefore based on the injured workers clinical response and the guidelines the continued use of Anaprox is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms Page(s): 68, 69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for NSAID, GI Symptoms recommend the use of PPI (proton pump inhibitor) for those who are at intermediate risk for gastrointestinal events based on specific criteria, 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). However the issue of NSAID use has been deemed to not be medically necessary, Therefore, the Protonix is also not medically necessary.

Flurbiprofen 5%/Lidocaine 20% 30gms: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are "recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended." A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed,

Lidocaine is also only FDA approved as a dermal patch and not a cream. Therefore based on the guidelines the request for Flurbiprofen 5%/Lidocaine 20% is not medically necessary.

DSS 100mg #90: Upheld

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 Opioids Page(s): 77.

Decision rationale: Per the MTUS, prophylactic treatment of constipation should be initiated when starting opioid therapy. A review of the injured workers medical records reveal that he is on both Senakot and Ducosate, however there is no rationale to support the use of both agents and specifically any benefit from the addition of Ducosate and without this information it is not possible to determine medical necessity, therefore the request for DSS 100mg #90 is not medically necessary.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines Muscle Relaxants are recommended for short course for acute neck and back conditions and any repeated use of muscle relaxants should be contingent on evidence of specific prior benefit. The medication was used for a chronic condition for chronic use without evidence of pain or functional improvement. Therefore, based on the injured workers clinical response and the guidelines the request for Fexmid is not medically necessary.