

Case Number:	CM15-0124897		
Date Assigned:	07/09/2015	Date of Injury:	10/14/2005
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 54-year-old male patient, who sustained an industrial injury on 10/14/2005, as the result of cumulative trauma. The diagnoses include lumbar spine symptoms; rule out left L5 radiculopathy and status post-bilateral knees arthroscopic surgery with persistent pain. Per the medical clearance report dated 3/13/2015, patient has a past medical history of obesity, gout, hyperlipidemia, anxiety, depression, insomnia, episodic hypertension, neuropathic pain syndrome, and dyspnea. Per the doctor's note dated 5/28/2015, he had complains of low back pain, rated 6-7/10, with cramps in his bilateral feet and bilateral knee pain at 7/10. The physical examination revealed tenderness over the lumbar spine and bilateral knee, range of motion at bilateral knee-flexion 115 and extension 0 degree, bilateral knee crepitus and swelling, negative straight leg raising test bilaterally, normal strength and sensation in bilateral lower extremities. The medications list includes ibuprofen, Omeprazole and topical compound cream. He stated that physical therapy and acupuncture were helping. A history of gastroesophageal reflux disease was documented. He has had lumbar MRI on 9/14/2010; EMG/NCS lower extremity with normal findings. Treatment to date has included diagnostics, physical therapy, home exercise program, mental health treatment, and medications. Urine toxicology (3/02/2015) noted no medications reported as prescribed and no drugs detected. The treatment plan included medications to include Prilosec, Ibuprofen, and Cyclobenzaprine/Tramadol cream, along with chiropractic for the lumbar spine (2x3). His work status was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec 20 mg, thirty counts with one refill; Prilosec contains Omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when - "(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)." Per the records provided patient has history of gastroesophageal reflux disease. He was prescribed ibuprofen, which is an NSAID. Use of PPI like Prilosec is recommended in such a patient. The request for Prilosec 20 mg, thirty counts with one refill is medically necessary for this patient.

Cyclo/Tramadol cream with one refill: Upheld

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

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

Decision rationale: Cyclo/Tramadol cream with one refill; Cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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 (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Topical NSAIDs-there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and Tramadol are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Cyclo/Tramadol cream with one refill is not medically necessary for this patient.

Chiropractic for the lumbar spine, twice weekly for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 58-60, Manual therapy & manipulation.

Decision rationale: Chiropractic for the lumbar spine, twice weekly for three weeks; per the cited guidelines regarding chiropractic treatment "Elective/maintenance care & Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had physical therapy visits and acupuncture visits for this injury. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic for the lumbar spine, twice weekly for three weeks is not medically necessary for this patient.

Ibuprofen 800 mg, sixty count with one refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Ibuprofen 800 mg, sixty count with one refill; Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic low back pain, bilateral knee pain. Patient is having objective findings on physical examination-tenderness over the lumbar spine and bilateral knee, range of motion at bilateral knee-flexion 115 and extension 0 degree, bilateral knee crepitus and swelling. NSAIDs are considered first line treatment for pain and inflammation. The request for

Ibuprofen 800 mg, sixty counts with one refill is medically necessary for this patient to use as prn to manage his chronic pain.