

Case Number:	CM15-0126808		
Date Assigned:	07/13/2015	Date of Injury:	10/02/2007
Decision Date:	09/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Pediatrics, Internal 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 38-year-old female, who sustained an industrial injury on 10/02/2007. The mechanism of injury was not made known. According to a progress report dated 05/22/2015, subjective complaints included pain in the neck, mid-lower back and left knee. Pain level was rated 2. She reported numbness and tingling down to her lower arm. Mood was okay. No suicidal ideation noted. TENS, cane, heating pad was helpful for managing pain. Gastric was controlled with Omeprazole and diet changes. Cyclobenzaprine was used to relax her muscles at night as needed with improvement in sleep noted. Diclofenac was as needed for pain 4-5 times a week. No side effects were noted. She used TENS and sometimes performed home exercise. Medications helped with pain about 40 to 50 percent. Physical therapy was recently approved. Objective findings included tenderness to palpation in the cervical paraspinal muscles and cervical and trapezius muscle spasm was noted. Diagnoses included cervical degenerative disc disease, thoracic sprain/strain, lumbar degenerative disc disease, myofascial pain, left knee chondromalacia and gastritis. The injured worker was going out of the country for 2 months. The provider noted that medications were given for 2 months. Prescriptions included Diclofenac ER 100 mg 1 by mouth every day #60 and Omeprazole 20 mg 1 by mouth every day #60. The injured worker had sufficient Cyclobenzaprine. Work status was not documented. The provider requested authorization for Omeprazole 20 mg #60 x 2, Diclofenac 100 mg #60 x 2, TENS patches x 4 and Lidopro 121 grams x 2. Currently under review is the request for Omeprazole 20mg #60 with 2 refills, Diclofenac 100mg #60 with 2 refills and Lidopro 121 grams with 2 refills. The oldest progress report submitted for review was dated 11/07/2014 and shows that the injured worker has been using Diclofenac and Omeprazole since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 with 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton Pump Inhibitors.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI gastrointestinal distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. There is no documentation of GI symptoms or risk factors. Diclofenac (an NSAID) was found to be not medically necessary. In additions, the provider noted that a prescription for a 2-month supply was being given to the injured worker. The requested treatment exceeds a 2 month supply. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Diclofenac 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short-term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. In this case, the injured worker has been using Diclofenac long-term, which is not recommended. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of specific improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the provider noted that a 2-month

supply of medication was given. The requested treatment exceeded a 2-month supply. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.

Lidopro 121mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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 for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of trial and failure of antidepressants or anticonvulsants. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Lidopro contains lidocaine, capsaicin, menthol, and methyl salicylate. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. In addition, the site of application and directions for use were not specified. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch forms are generally indicated as local anesthetics or anti-pruritics. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Topical salicylates are recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. As this compound contains lidocaine in a form that is not recommended, the compound is not recommended. For this reason, and due to insufficiently specific prescription and lack of documentation of trial and failure of first line agents, the request for Lidopro is not medically necessary.