

Case Number:	CM15-0171849		
Date Assigned:	09/14/2015	Date of Injury:	10/22/2004
Decision Date:	11/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 42 year old female who sustained an industrial injury on 10-22-2004. The injured worker was diagnosed in the provider notes of 07-29-2015 as having lumbar facet arthralgia, lumbar disc injury, and right inguinal dysesthesias. Treatment to date has included medications, epidural steroid injections, home exercise and the use of hot packs. On 07/29/2015, in a follow up evaluation, the injured worker complained of low back pain that referring to the bilateral inguinal regions, right side greater than left. With bending, twisting, heavy lifting and prolonged sitting the pain increases and she rates it as an 8 on a scale of 0-10 in its severity. She is using Tylenol #3, which does not cause significant constipation or somnolence. Other medications include Ibuprofen 600 mg, which can give her gastritis. Prilosec is helpful for her gastritis, and when she cannot take Ibuprofen, she uses Voltaren gel, which she applies over the low back facets. She also uses Lidoderm patches for the inguinal pain. The worker has been declared permanent and stationary and is on full duty. The plan of care in the July 29, 2015 visit was for medication refills. A request for authorization was submitted for: Motrin 600mg #60 with 6 refills, Voltaren 1% #1 with 6 refills, Prilosec 20mg #60 with 6 refills and Lidoderm 5% #90 with 6 refills. A utilization review decision (08-05-2015) non-certified the request in its entirety. Physician note was reviewed dated 09/08/2015. Due to history of gastric surgery, she is becoming increasingly intolerant to NSAIDs orally. Voltaren when used in the past has helped with her pain. Her neurological examination showed normal strength except for right hip flexion mild weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. The injured worker is doing well on Acetaminophen in the form of Tylenol #3. Ibuprofen is an NSAID and NSAIDs per guideline recommendations are recommended for the relief of acute pain exacerbations secondary to osteoarthritis. This injured worker not only has chronic pain, but is becoming increasingly intolerant to NSAIDs orally. As such, this request is not medically necessary.

Voltaren 1% #1 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS guidelines state that Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. However, in this situation, the injured worker has benefit with Voltaren application and is increasingly intolerant to oral NSAIDs. There is documented arthritic component to the facet joints including hypertrophy/arthropathy. This request is reasonable, and is medically necessary.

Prilosec 20mg #60 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). However, the oral Ibuprofen is not medically appropriate and non-certified. Therefore, this request for concurrent gastric prophylaxis in the form of Prilosec is not medically necessary.

Lidoderm 5% #90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does mention that this agent has been helpful however there are no extenuating circumstances documented such as pain scores pre and post treatment using validated pain measures, and there is no mention of how this agent has improved the injured workers ability to perform functional mobility or activities of daily living. There is no diagnoses to support Lidoderm use. Medical necessity has not yet been established. The request is not medically necessary.