MAXIMUS Federal Services

| Case Number: | CM15-0179070 | | |
|---|---|---|---|
| Date Assigned: | 09/21/2015 | Date of Injury: | 10/02/2008 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

## 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
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:

This is a 58-year-old female worker who was injured on 10-2-2008. The medical records indicated the injured worker (IW) was treated for lumbar sprain and strain. In the progress notes (7-17-15 and 8-26-15), no changes were noted; the IW reported low back pain with radiation down the backs of both legs to the knees. She later rated her low back pain 8 out of 10, but stated her pain was "OK". Acupuncture improved her symptoms and made it easier to walk and sit. She reported urine and bowel incontinence. A urology consult was being requested. Medications included Diclofenac, Omeprazole, Lidopro, Cymbalta and Tramadol. The physical examinations (7-17-15 and 8-26-15) noted tenderness, hypertonicity and pain in the lumbar spine with diminished range of motion. Milgram's test and Kemp's test caused pain. Straight leg raise at 50 degrees caused pain radiating into the knees. Treatments included home exercise program, heat application, medications, cane for support and lumbar support. A Request for Authorization was received for Diclofenac sodium ER 10mg #60, Omeprazole 20mg #80, Duloxetine (Cymbalta) 20mg #80 and Lidopro ointment 120ml. The Utilization Review on 8-31-15 non-certified the request for Diclofenac sodium ER 10mg #60, Omeprazole 20mg #80, Duloxetine (Cymbalta) 20mg #80 and Lidopro ointment 120ml because the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 10 mg #60:** Upheld

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

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

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac Sodium ER 10 mg #60 is not medically necessary.

**Omeprazole 20 mg #80:** 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 Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20 mg #80 is not medically necessary.

**Duloxetine (Cymbalta) 20 mg #80:** 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): Duloxetine (Cymbalta).

**Decision rationale:** Evidence based guidelines necessitate documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Cymbalta use to date. The examination findings provided no objective or quantitative measure of pain to determine severity. Ongoing use of antidepressants is not recommended in the absence of objective gains in function and decreased pain levels. Duloxetine (Cymbalta) 20 mg #80 is not medically necessary.

**Lidopro ointment 120 ml:** 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): Topical Analgesics.

**Decision rationale:** Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro ointment 120 ml is not medically necessary.