

Case Number:	CM15-0048669		
Date Assigned:	04/15/2015	Date of Injury:	05/23/2009
Decision Date:	06/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 is a 60-year-old male with a reported date of injury on 06/23/2009; the mechanism of injury is not provided for review. The injured worker's previous treatments were noted to include acupuncture and medications. The most recent clinical note dated 03/05/2014 indicated the injured worker had complaints of pain in the lumbar spine with associated numbness of the legs. It was also noted the injured worker had complaints of bilateral elbow pain with associated bilateral forearm spasm. On physical examination, there was positive spasms in the bilateral lumbar spine paraspinal musculature. There was also noted to be decreased range of motion of the back. It was also noted the injured worker had evidence of positive Tinel's to the right ulnar groove and positive "right medial lateral epicondyle." A request has been made for chiropractic care, Flexeril, Neurontin, urine drug screen, omeprazole, Voltaren, and Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended in patients with chronic pain as caused by musculoskeletal conditions and may be recommended for the low back to 18 visits over 8 weeks if there is evidence of objective functional improvement following a trial of 6 sessions. It was noted within the documentation that the injured worker had previously attended chiropractic treatments; however, it remains unclear how many sessions the injured worker has received and there is no documentation in regard to evidence of objective functional improvement from the previous therapy. Therefore, the request for chiro 2 times a week for 4 weeks is not medically necessary.

Urine Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids, steps to avoid misuse/addiction Page(s): 43,94.

Decision rationale: According to the Official Disability Guidelines, drug testing may be recommended as an option to assess for the use of illegal drugs and may be used as a random screening process in patients prescribed opioid medications in order to avoid misuse/addiction. This request remains unclear as there is no indication within the documentation provided the injured worker is prescribed opioid medication that would require routine use of urine drug screens to assess for medication compliance or addiction. Additionally, there is lack of evidence within the documentation provided that the injured worker is suspected to be taking illegal drugs. Therefore, the request for urine screen is not medically necessary.

Omeprazole 20 MG #100 with 1 Refill: Upheld

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.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors may be recommended for patients with intermediate or high risk for gastrointestinal events such as patients who are over the age of 65; patients with a history of peptic ulcer, GI bleeding, or perforation; patients taking ASA, corticosteroids, and/or anticoagulant; or patients taking high dose/multiple NSAIDs. There is lack of evidence within the documentation provided that the injured worker is at an increased risk for gastrointestinal events. Additionally, there is lack of symptomology that would support the use of this medication and there is no documentation in regards to the injured worker's therapeutic benefit with the use of this medication. Therefore, the request for omeprazole 20 mg #100 with 1 refill is not medically necessary.

Voltaren XR 100 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, nonsteroidal anti-inflammatory drugs may be recommended for moderate to severe pain associated with osteoarthritis, acute exacerbations of chronic low back pain as a second line treatment option after acetaminophen, or as treatment option for chronic low back pain. There is lack of evidence within the documentation the injured worker has been diagnosed with osteoarthritis or experiencing an acute exacerbation of chronic low back pain. Additionally, there is lack of evidence that the injured worker receives therapeutic benefit with the use of this medication. Therefore, the request for Voltaren XR 100 mg is not medically necessary.

LidoPro x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-112, 105.

Decision rationale: According to the California MTUS Guidelines, topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, the entire product is not recommended, the entire product is not recommended. The guidelines continue by stating that topical lidocaine, in the formulation of a dermal patch (Lidoderm) is currently FDA approved for neuropathic pain. However, there is no other commercially approved topical formulations of lidocaine indicated for neuropathic pain. Additionally, the guidelines state that topical capsaicin may be recommended only as an option in injured workers who have not responded or intolerant to other treatments and there have been no studies of 0.0375% formulation of capsaicin, there is current indications that this increase over 0.025% formulation would provide any further efficacy. Furthermore, the guidelines state that topical salicylic is currently recommended and significantly better than placebo for chronic pain. There is lack of evidence within the documentation that the injured worker has tried and failed trials of antidepressants and anticonvulsants prior to consideration of topical analgesic. Additionally, this topical medication includes a non-FDA approved formulation of topical lidocaine. Furthermore, this topical compound also includes capsaicin in the formulation of 0.0325%, which is not currently recommended by guidelines as there is no current literature supporting formulations over 0.025% and there is lack of evidence within the documentation that the injured worker has failed to

respond or is intolerant to other treatments to support the use of topical capsaicin. Therefore, the request for LidoPro x 4 is not medically necessary.

Fexmid (Flexeril) 7.5 MG #90 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The California MTUS Guidelines state that muscle relaxants may be recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines continue to state that cyclobenzaprine should not be used longer than 2 to 3 weeks. There is lack of evidence within the documentation provided that the injured worker is having an acute exacerbation of chronic low back pain. Additionally, it remains unclear how long the injured worker has been taking this medication and the request exceeds the guideline recommendations of use no longer than 3 weeks. Furthermore, there is lack of evidence within the documentation provided that the injured worker receives a therapeutic benefit with use of this medication. Therefore, the request for Fexmid (Flexeril) 7.5 MG #90 with 3 refills is not medically necessary.

Neurontin 600 MG #100 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18.

Decision rationale: California MTUS Guidelines state that gabapentin may be recommended for a first line treatment option for neuropathic pain. There is lack of evidence within the documentation provided that the injured worker received a therapeutic benefit with use of this medication. Additionally, the most recent clinical note failed to demonstrate that the patient is experiencing neuropathic pain. Therefore, the request for Neurontin 600 mg #100 with 3 refills is not medically necessary.