

Case Number:	CM15-0061683		
Date Assigned:	04/07/2015	Date of Injury:	09/26/2008
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/01/2015

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
 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 58-year-old male, who sustained an industrial injury on 09/26/2008. The injured worker is currently diagnosed as having lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included epidural injections and medications. In a progress note dated 03/24/2015, the injured worker presented with complaints of a flare up of lower back pain, localized in the left side. The flare up reportedly resolved after 2 days with medication. The injured worker is able to continue working with the current medication regimen. Without medication, the pain was too great to continue working. The injured worker is actively participating in an exercise program. Upon examination of the lumbar spine, there was tenderness to palpation, paraspinal muscle spasm at L3-5, SI joint tenderness, positive yeoman and Gaenslen's test, decreased lumbar range of motion with extension to 5 to 10 degrees, flexion to 40 degrees, and lateral bending to 15 degrees. There was weakness of left dorsiflexion of the great toe, with diminished deep tendon reflexes on the left. There was positive allodynia in the left lateral leg, with decreased sensation to pinprick. The injured worker demonstrated a limping left sided gait. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 03/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 01/2015. Although the provider indicated a relief of symptoms and an improvement in function, there was no objective evidence of functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no documentation of a written consent or agreement for chronic use of an opioid. The request as submitted failed to indicate the specific frequency of the medication. Given the above, the request is not medically necessary.

Terocin patches with lidocaine #30 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 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no evidence of a failure of first line oral medication prior to initiation of a topical analgesic. There was also no frequency listed in the request. As such, the request is not medically necessary.

Fenoprofen 400mg #60 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended as a second line option after acetaminophen. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized NSAID medication since at least 01/2015. The guidelines do not support long-term use

of NSAIDs. The request for an additional 3 refills would not be supported. There was also no frequency listed in the request. As such, the request is not medically necessary.

Gabapentin 600mg #60 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 Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend Gabapentin for neuropathic pain. However, the injured worker has continuously utilized Neurontin 600 mg since at least 01/2015. Although the provider indicated an improvement of symptoms and function, there was no objective evidence of functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flur/Lido compound cream #2 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Lidocaine is not recommended in the form of a cream, lotion, or gel. There is also no frequency listed in the request. As such, the request is not medically necessary.

Omeprazole 20mg #60 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical

necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.