MAXIMUS Federal Services

Case Number:	CM15-0071296		
Date Assigned:	04/21/2015	Date of Injury:	12/06/2014
Decision Date:	07/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 34 year-old male who has reported low back, abdominal, and rib pain after a motor vehicle accident on 12/6/14. The diagnoses include lumbar spine sprain/strain, and muscle spasms, myalgia/myositis, multiple contusions, sciatica, and radiculopathy. The initial evaluation on 2/16/15 provided a minimal history and did not provide an account of prior treatments other than stating that care had been provided at "urgent care." There was multifocal tenderness and some radicular signs. Radiographs were taken. There was a history of "stomach upset with NSAIDs" for which Omeprazole was prescribed. Other medications prescribed included diclofenac, orphenadrine, and LidoPro. Per the report of 03/12/2015, there was ongoing multifocal pain. There was no mention of the results of using any medication. The work status was unchanged. The same medications were dispensed. On 4/2/15 Utilization Review non-certified omeprazole, LidoPro, and orphenadrine, noting the lack of prescribing according to the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg (2 times daily) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, medication trials, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain Page(s): 68-69, 60, 68, 68.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. "Stomach upset" is not a diagnosis or an adequate basis for prescribing a PPI on a chronic basis. Per the MTUS citation above, some patients may be a candidate for a PPI when there are specific problems with NSAIDs. In this case, the treating physician has not adequately evaluated the patient for any gastrointestinal problems, and he has been prescribing diclofenac for what is now a longer duration without any evidence of specific benefit or investigation into possible gastrointestinal effects. The MTUS does not recommend long term NSAIDs for back pain, for example. Page 60 of the MTUS, cited above, recommends that each medication be prescribed separately with a careful assessment of the results. That has not occurred in this case. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of clear medical necessity, lack of sufficient clinical evaluation, the lack of clear necessity for an NSAID, and the risk of toxicity.

Lidopro Topical Ointment (as needed) 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. LidoPro is capsaicin, lidocaine, menthol, and methyl salicylate. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have

failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. Menthol is not discussed specifically in the MTUS. Topical salicylates in the standard formulations like BenGay, not in non-FDA approved formulations, are recommended in the MTUS. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval.

Orphenadrine 100 mg (2 times daily) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for a month, with the current prescription consisting of another month of medication. The quantity prescribed implies long-term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants to date. Per the MTUS, further prescribing of this muscle relaxant is not indicated and is not medically necessary.