

Case Number:	CM15-0074658		
Date Assigned:	04/24/2015	Date of Injury:	05/02/1998
Decision Date:	05/21/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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: Family Practice

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 48-year-old female who sustained an industrial injury on 05/02/1998. Current diagnoses include low back pain, neck pain, reflex sympathetic dystrophy bilateral upper extremities and opiate tolerance. Previous treatments included medication management and implantation of a spinal cord stimulator. Previous diagnostic studies include an MRI of the cervical spine. Report dated 03/24/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the legs with associated numbness and tingling. Pain level was 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included a request for EMG/NCV of the bilateral lower extremities and if the test is positive then request for a lumbar epidural steroid injection, and refills of medication. Disputed treatments include Prilosec, Lidoderm, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, including Prilosec as an adjunct to the use of an NSAID. These MTUS recommendations are as follows: Clinicians should weight the indications for NSAIDs against the potential for an adverse gastrointestinal event. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA). Recommendations: Patients with no risk factors: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) A PPI is not necessary. Patients at intermediate risk for gastrointestinal events:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ?g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI. In this case, the documents show no evidence that the patient is either at high or intermediate risk for a gastrointestinal event; including a gastrointestinal bleed or ulcer. Under these conditions, use of a PPI is not medically necessary. Therefore, Prilosec is not considered as a medically necessary treatment.

Lidoderm 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of a lidocaine patch, also known as Lidoderm, as a treatment modality. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is insufficient evidence that the patient has been given an adequate trial of a first-line agent for the treatment of neuropathic pain. Without evidence of an adequate trial of a first-line agent, the Lidoderm Patch is not considered as medically necessary.

Neurontin 300 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of Anti-Epilepsy Drugs (AEDs). AEDs are considered as part of the first-line treatment for neuropathic pain. When prescribing an AED, such as Neurontin, the provider must document evidence of relevant outcomes as described below. Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Regarding the use of Neurontin, also known as gabapentin, the MTUS guidelines recommend the following: Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case there is insufficient documentation that the patient has experienced a clinically important outcome, including improvement in pain control, during the time the patient has been on Neurontin. Further, there is insufficient evidence that the patient has demonstrated significant improvement during the first eight weeks of therapy on this medication. Again, it is unclear whether there has been any change in pain or function. For these reasons, Neurontin is not considered as medically necessary.