

Case Number:	CM15-0078680		
Date Assigned:	05/28/2015	Date of Injury:	03/11/2005
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/24/2015

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 66 year old female who sustained an industrial injury on 03/11/05. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, and a TENS unit. Diagnostic studies are not addressed. Current complaints include severe unspecified pain. Current diagnoses include lumbosacral radiculopathy, depression, and left hip strain. In a progress note dated 03/13/15 the treating provider reports the plan of care as continue home exercise program, TENS therapy, and heat therapy, as well as additional chiropractic treatments, and medications including Fenoprofen, Lidopro, Gabapentin, and Omeprazole. 2 TENS patches were also dispensed. The requested treatments include 2 TENS patches, and medications including Fenoprofen, Lidopro, Gabapentin, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lidpro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic page(s): 111-113.

Decision rationale: The 66 year old patient presents with severe pain, rated at 8/10, and has been diagnosed with lumbosacral radiculopathy, left hip strain, and severe depression, as per progress report dated 03/15/15. The request is for UNKNOWN PRESCRIPTION OF LIDOPRO. The RFA for the case is dated 03/15/15, and the patient's date of injury is 03/11/05. Medications requested during 03/15/15 visit included Fenoprofen, Lidopro, Gabapentin and Omeprazole. The reports do not document the patient's work status. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the patient states that "I stopped taking oral medications last year. I want to feel better. So, I want to take medications again," as per progress report dated 03/15/15. However, a prescription for Lidopro is noted in progress report dated 01/28/15 and 03/15/15. The treater does not document efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS guidelines do not support any other formulation of Lidocaine other than the topical patch. Hence, this request IS NOT medically necessary.

2 TENS patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit page(s): 114-116.

Decision rationale: The 66 year old patient presents with severe pain, rated at 8/10, and has been diagnosed with lumbosacral radiculopathy, left hip strain, and severe depression, as per progress report dated 03/15/15. The request is for 2 TENS PATCH. The RFA for the case is dated 03/15/15, and the patient's date of injury is 03/11/05. Medications requested during 03/15/15 visit included Fenoprofen, Lidopro, Gabapentin and Omeprazole. The reports do not document the patient's work status. For TENS unit, MTUS guidelines, on page 116, require (1) documentation of pain of at least three months duration (2) there is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial (4) other ongoing pain treatment should also be documented during the trial period including medication usage (5) a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and

failed." Also, the recommended trial period is for only 30 days. In this case, the patient has been using TENS unit for a while, as indicated by progress report dated 12/09/14 where the treat recommends the patient to "cont. HEP/TENS as adjunct to pain." The treater, however, does not document the efficacy of the TENS unit. For continued use of TENS unit, documentation of its use and efficacy must be provided. The request IS NOT medically necessary.

Fenoprofen calcium 400mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications page(s): 22, 60.

Decision rationale: The 66 year old patient presents with severe pain, rated at 8/10, and has been diagnosed with lumbosacral radiculopathy, left hip strain, and severe depression, as per progress report dated 03/15/15. The request is for FENOPROFEN CALCIUM 400mg #80. The RFA for the case is dated 03/15/15, and the patient's date of injury is 03/11/05. Medications requested during 03/15/15 visit included Fenoprofen, Lidopro, Gabapentin and Omeprazole. The reports do not document the patient's work status. Regarding NSAIDs, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the patient states that "I stopped taking oral medications last year. I want to feel better. So, I want to take medications again," as per progress report dated 03/15/15. The prescription for Fenoprofen is, however, noted in progress reports dated 10/14/14 and 03/15/15. The treater, nonetheless, does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60. Hence, the request IS NOT medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk page(s): 69.

Decision rationale: The 66 year old patient presents with severe pain, rated at 8/10, and has been diagnosed with lumbosacral radiculopathy, left hip strain, and severe depression, as per progress report dated 03/15/15. The request is for OMEPRAZOLE 20mg #60. The RFA for the case is dated 03/15/15, and the patient's date of injury is 03/11/05. Medications requested during

03/15/15 visit included Fenoprofen, Lidopro, Gabapentin and Omeprazole. The reports do not document the patient's work status. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient states that "I stopped taking oral medications last year. I want to feel better. So, I want to take medications again," as per progress report dated 03/15/15. The prescription for Omeprazole is only noted in progress report dated 03/15/15. The treater, however, does not provide the patient's GI risk assessment. There is no indication of medication-induced gastritis as well. Hence, the request IS NOT medically necessary.