

Case Number:	CM15-0090184		
Date Assigned:	05/14/2015	Date of Injury:	01/31/2005
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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 69 year old female who sustained an industrial injury on 01/31/05. Initial complaints and diagnoses are not available. Treatments to date include medications and a lumbar epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine and nerve conduction/electrodiagnostic studies. Current complaints include neck and low back pain. Current diagnoses include lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. In a progress note dated 03/27/15 the treating provider reports the plan of care as home exercise program; consider spine surgeon evaluation and medications including Lidocaine, Norco, and Omeprazole. The requested treatments are Norco, Lidocaine, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine HCL 2% jelly #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Lidocaine, topical.

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

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 04/14/15. The current request is for 1 prescription of Lidocaine HCL 2% jelly #120 with 1 refill. Treatments to date include low back surgery (unknown date), medications, physical therapy and a lumbar epidural steroid injection. The patient is currently not working. According to progress report 03/24/15, the patient presents with neck pain and low back pain that radiates down to the bilateral lower extremities. She had an ESI on 09/30/14 which provided 50-80% relief and "good functional improvement." Examination of the lumbar spine revealed spasm in the paraspinous musculature, decreased ROM, tenderness upon palpation, and decreased strength and sensory in the lower extremities. The patient reported 6/10 in pain intensity with medication and 7/10 without medication. The patient also reported medication associated gastrointestinal upset. Current medication includes Norco. Treatment plan was for HEP, Norco, Lidocaine cream and Omeprazole. The requested Lidocaine topical cream is an initial prescription. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." The treating physician has not provided a medical rationale for the request, nor indicated what part of the body would be treated. Nonetheless, the requested topical is a Lidocaine based cream, which is not supported by MTUS. MTUS does not support any formulation of Lidocaine other than in a patch form. Therefore, the request is not medically necessary.

1 prescription of Norco 5/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; When to Discontinue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 04/14/15. The current request is for 1 prescription of Norco 5/325mg #60 with 1 refill. Treatments to date include low back surgery (date of surgery not documented), medications, physical therapy and a lumbar epidural steroid injection. The patient is currently not working. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of

pain relief. According to progress report 03/24/15, the patient presents with neck pain and low back pain that radiates down to the bilateral lower extremities. She had an ESI on 09/30/14 which provided 50-80% relief and "good functional improvement." Examination of the lumbar spine revealed spasm in the paraspinal musculature, decreased ROM, tenderness upon palpation, and decreased strength and sensory in the lower extremities. The patient reported 6/10 in pain intensity with medication and 7/10 without medication. The patient also reported medication associated gastrointestinal upset. Current medication includes Norco. Treatment plan was for HEP, Norco, Lidocaine cream and Omeprazole. The patient has been prescribed Norco since at least April of 2013. Eight months of PR2s were reviewed. In this case, before and after pain scales are provided which show minimal improvement in pain. In addition, the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, aberrant behaviors are not addressed. There is no discussion of UDS, CURES or pain contract. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

1 prescription of Omeprazole DR 20mg #30 with 1 refill: 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), Pain (Chronic), Proton Pump Inhibitors.

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

Decision rationale: This patient presents with chronic neck and low back pain. The Request for Authorization is dated 04/14/15. The current request is for 1 prescription of Omeprazole DR 20mg #30 with 1 refill. Treatments to date include low back surgery (date of surgery is not indicated), medications, physical therapy and a lumbar epidural steroid injection. The patient is currently not working. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. According to progress report 03/24/15, the patient presents with neck pain and low back pain that radiates down to the bilateral lower extremities. She had an ESI on 09/30/14, which provided 50-80% relief and "good functional improvement." Examination of the lumbar spine revealed spasm in the paraspinal musculature, decreased ROM, tenderness upon palpation, and decreased strength and sensory in the lower extremities. The patient reported 6/10 in pain intensity with medication and 7/10 without medication. The patient also reported medication associated gastrointestinal upset. Current medication includes Norco. Treatment plan was for HEP, Norco, Lidocaine cream and Omeprazole. In this case, there is no indication that the patient is taking a NSAID to consider the use of Prilosec. The patient has some irritation with taking Norco and the treating physician has prescribed Prilosec. There is no discussion in MTUS or ODG regarding use of PPI's for Norco side effects. Opiates typically do not cause gastritis type of GI side effects that can be treated with PPI's and there is no documentation of other gastric problems such as GERD to warrant the use of a PPI. This request is not medically necessary.