

Case Number:	CM15-0091761		
Date Assigned:	05/18/2015	Date of Injury:	01/21/2005
Decision Date:	09/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 55 year old man sustained an industrial injury on 1/21/2005 after lifting a large bucket of stones. Diagnoses include cervical degenerative disc disease with radiculitis, thoracolumbar sprain/strain, lumbar degenerative disc disease with radiculopathy, right shoulder sprain/strain, rotator cuff syndrome, bilateral elbow sprain/strain, bilateral lateral epicondylitis, and myofascial pain. Treatment has included oral medications and physical therapy. Physician notes dated 4/11/2014 show complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. Recommendations include continue current medications, physical therapy, acupuncture therapy, home exercise program, ice, heat, TENS unit, and activity/lifting restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #180: 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): 69.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for Omeprazole 20mg #180. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. MTUS Chronic Pain Guidelines page 69 under NSAIDs, GI symptoms & cardiovascular risk Section 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." According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treatment plan includes refill of medications. The treater states that the medications help with pain about 30-40%. He is using them on an as needed basis with no reports of side effects. Current medication regimen includes LidoPro, naproxen, and cyclobenzaprine. The patient has been utilizing Naproxen chronically; however, the treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Naproxen 550mg #60: Overturned

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-inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for Naproxen 550mg #60. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. MTUS for chronic pain guidelines under Anti-inflammatory Medications on page 22 states: "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 nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP". According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treatment plan includes refill of medications. The treater states that the medications help with pain about 30-40%. He is using them on an as needed basis with no reports of side effects. Current medication regimen includes

LidoPro, naproxen, and cyclobenzaprine. The patient has been using Naproxen since 2014, which has been reducing her pain on average 30-40%. Given the conservative nature of this medication and documented efficacy, continued use is substantiated. The request is medically necessary.

Lidopro cream 121gm #4: 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 Topical analgesics Page(s): 111.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for LidoPro cream 121gm #4. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111, "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." According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treatment plan includes refill of medications. The treater states that the medications help with pain about 30-40%. He is using them on an as needed basis with no reports of side effects. Current medication regimen includes LidoPro, naproxen, and cyclobenzaprine. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion, gel or cream form, per MTUS. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for Cyclobenzaprine 7.5mg #60. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. MTUS Chronic Pain Guidelines under Muscle relaxants (for pain) pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a

second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treatment plan includes refill of medications. The treater states that the medications help with pain about 30-40%. He is using them on an as needed basis with no reports of side effects. Current medication regimen includes LidoPro, naproxen, and cyclobenzaprine. It is unclear when Cyclobenzaprine was initiated, but it was prior to 04/21/15 as this report requests a "refill" of medications. MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The request for #60 does not indicate short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

TENS patch times two (x 2) pairs: 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 TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for TENS patch times two (x 2) pairs. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. Per MTUS Guidelines under TENS (transcutaneous electrical nerve stimulation) page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treater recommended that the patient "continue with using the TENS unit regularly". The treatment plan included TENS patches. In this case, the patient has been utilizing a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of the TENS unit. MTUS allows for extended use when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, the requested supplies are not medically necessary.

Outpatient follow-up office visit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with complaints of neck and back pain with radiation to the bilateral shoulders and upper extremities. The current request is for Outpatient follow-up office visit. The RFA is dated 04/21/15. Treatment has included oral medications and physical therapy. The patient is not working. ACOEM Guidelines, chapter 12, low back, page 303, has the following regarding follow-up visits, "Patients with potentially work-related low back complaints should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns". According to progress report 04/21/15, the patient presents with neck and low back pain that radiates into the upper and lower extremities. Objective findings note decreased range of motion in the cervical and lumbar spine. The treater states that medications help with pain about 30-40%. He is using them on an as needed basis with no reports of side effects. Current medication regimen includes LidoPro, naproxen, and cyclobenzaprine. The treater has requested follow up office visit. Follow up visits are support by ACOEM. Given the patient's chronic pain and medication intake, a follow-up visit is within ACOEM Guidelines. The requested follow-up-visit is medically necessary.