

Case Number:	CM15-0092499		
Date Assigned:	05/18/2015	Date of Injury:	12/29/2003
Decision Date:	06/25/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 58 year old male who sustained a work related injury December 29, 2003. Diagnoses are lumbar disc disease, compression fracture L1, disorders sacrum, thoracic compression fracture T-11, and constipation. Past medical history included colitis. Past treatments included lumbar median branch blocks in January and May 2009 with 50% relief of pain, and a lumbar facet radiofrequency ablation July 2009 and July 2014 with 50% relief of pain, and medications. Norco and Lidoderm were prescribed in 2009. Use of Lidoderm and norco continued in 2009 and they were among listed medications in December 2014. Medications in January 2015 include Lidoderm, Colace, glucosamine/chondroitin, polyethylene glycol, protonix, baclofen, canasa, asacol, biofreeze gel, lunesta, norco, capsaicin, florastor, Neurontin, and aspirin 81mg. According to a pain and rehabilitation physician's office notes, dated January 20, 2015, the injured worker presented for follow-up of chronic low back pain and left shoulder pain. He continues to have difficulty with bending or stooping. Review of systems was negative for heartburn. Norco was noted to provide 30% reduction in pain and to allow the injured worker to carry out his daily activities such as household chores and exercise with less pain. Work status was noted a permanent and stationary. At issue are the retrospective requests for authorization for Capsaicin cream, Lidoderm patch, Norco, and Protonix. On 4/28/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Lidoderm patch 5%, apply 3 patches - 12 hours on 12 hours off, #90: Upheld

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

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

Decision rationale: This injured worker has chronic low back pain. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records submitted that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. In addition, the guidelines recommend against use of lidoderm for low back pain, which is present for this injured worker. As such, the request for lidoderm is not medically necessary.

RETRO Pantoprazole (Protonix) 20mg , 1 QD, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI).

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

Decision rationale: Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. The records indicate that the injured worker has been prescribed low dose aspirin, but there was no documentation of prescription of a NSAID. The review of systems was negative for heartburn, nausea, abdominal pain, black tarry stools, or throwing up blood. Due to lack of specific indication, the request for protonix is not medically necessary.

RETRO Norco 10/325mg 2 tabs, Q 6h, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic low back pain. Norco has been prescribed for several months recently, and the records submitted note use of norco as far back as 2008 and 2009. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. There was no discussion of functional goals, work status was noted as permanent and stationary and return to work was not discussed, and there was no documentation of random drug testing or opioid contract. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does note some improvement in pain with use of norco. Specific improvement in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

RETRO Capsaicin Cream 0.25% apply TID, QTY: 480: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. As such, the request for capsaicin is not medically necessary.