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| Case Number: | CM15-0096055 | | |
| Date Assigned: | 05/26/2015 | Date of Injury: | 09/11/2014 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: New Jersey

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 34 year old male, who sustained an industrial injury on 9-11-14. He reported low back pain. The injured worker was diagnosed as having lumbar pain, lumbar radiculopathy, and lumbar sprain or strain. Treatment to date has included physical therapy, trigger point injections, and medication. On 4-16-15 pain was rated as 8 of 10. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for Pantoprazole 20mg #30 and Diclofenac sodium 100mg #60. Other requests included Gabapentin 10%, Amitriptyline 10%, and Bupivacaine 5% in cream base 240g and Flurbiprofen 20%, Baclofen 5% Dexamethasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025% in cream base 240g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, who had been using NSAIDs and PPIs chronically leading up to this request, there was insufficient supportive evidence for continuation of the pantoprazole. There was no documentation to suggest this worker was at an elevated risk for gastrointestinal events to warrant ongoing use of pantoprazole. The reported pain levels of 8-9/10 on the pain scale with the medications used do not support continuing the NSAIDs, and considering the significant side effects from both the NSAIDs used and the pantoprazole used with them, there seems to be no convincing evidence for continued use of pantoprazole or NSAIDs altogether. Therefore, the request for pantoprazole is not medically necessary at this time. Weaning may be indicated.

Diclofenac sodium 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac sodium (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was history of chronic NSAID use, lately the diclofenac, which was used regularly leading up to this request for renewal. There was no found report in the documentation which showed functional gains and significant pain reductions from its use to warrant its continuation. Regardless, chronic daily use of NSAIDs, including diclofenac, come with significant long-term side effects, and considering these factors, the diclofenac is not medically necessary at this time.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240gm: 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, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Chronic Pain Treatment Guidelines also specifically state that all topical anti-epilepsy drugs, including gabapentin and others, are not recommended due to their lack of supportive data in chronic pain treatment. In the case of this worker, due to the requested preparation containing gabapentin, a non-recommended agent for topical use, the entire preparation is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240gm: 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, pp. 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. The MTUS Chronic Pain Treatment Guidelines also specifically state that all topical muscle relaxants, including baclofen and others, are not recommended due to their lack of supportive data in chronic pain treatment. In the case of this worker, due to the requested preparation containing baclofen, a non-recommended agent for topical use, the entire preparation is not medically necessary.

