

Case Number:	CM15-0097302		
Date Assigned:	05/28/2015	Date of Injury:	10/10/2012
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of October 10, 2012. In multiple Utilization Review reports of May 12, 2015, the claims administrator failed to approve requests for Prilosec, Keratek analgesic gel, Lidoderm patches, and Norco. The claims administrator referenced a May 1, 2015 RFA form in its determination. The full text of the UR decisions were not seemingly attached to the application. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant was placed off work, on total temporary disability, owing to multifocal complaints of neck, low back, hip, ankle, foot and leg pain, highly variable, ranging from 4 to 9/10. The applicant was using 4 to 5 tablets of Norco daily. The applicant had undergone failed lumbar spine surgery, it was acknowledged. The applicant had developed derivative complaints of depression and anxiety, it was also noted. The Keratek gel in question was dispensed while the applicant was kept off work. Norco, Prilosec, and Colace were also renewed. The date of the surgery was not clearly stated. The attending provider stated that applicant's medications were beneficial in terms of reducing the applicant's level but did not elaborate further. On RFA form dated April 16, 2015, Norco, Prilosec, Ambien, Lidoderm patches and the Keratek analgesic gel at issue were renewed. In an associated progress note of April 5, 2015, the applicant was placed off work, on total temporary disability. The applicant was having difficulty standing and walking, it was acknowledged. A wheelchair was apparently sought. The applicant exhibited slowly and antalgic gait and was visibly grimacing in the clinic setting owing to heightened pain complaints. The attending provider stated that the applicant's

medications were beneficial but did not elaborate further. There was no mention of the applicant is having issues with reflux, heartburn, and/or dyspepsia either in the past medical history section or in the review of the systems section of the same. It was not stated whether or not ongoing usage of Prilosec was or was not beneficial for whatever purpose it was being employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Prilosec (omeprazole), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec (omeprazole) are indicated in the treatment of NSAID, induced dyspepsia, here, however, multiple progress notes, referenced above, of late 2014 and/or early earlier 2015 failed to make any mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. It was not stated, furthermore, whether or not ongoing usage of Prilosec was or not effective for whatever role it was being employed. Therefore, the request was not medically necessary.

Kera-Tek gel 4oz #1: 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 Salicylate topicals Page(s): 105.

Decision rationale: Similarly, the request for a Keratek analgesic gel, i.e., a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as the Keratek analgesic gel at issue are recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off work, despite ongoing usage of Keratek analgesic gel for what appeared to have been a span of several months. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was reported on April 7, 2015, at which point authorization for wheelchair was sought. Ongoing usage of Keratek analgesic gel in question failed to curtail the applicant's dependence on opioids agents such as

Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Lidoderm patches #30: 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 Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of the first line therapy with antidepressants and/or anticonvulsants. Here, however, there was no explicit mention of the applicant's having tried and/or failed antidepressants and adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, as suggested on multiple progress notes, referenced above. The applicant appeared to have remained off work, on total temporary disability, for large swaths of the claim. The applicant is having difficulty performing activities of daily living as basic as standing and walking, it was reported on April 7, 2015, despite ongoing usage of Norco. The applicant was asked to employ a wheelchair on that date. While the attending provider did recount some reported reduction in pain scores apparently effected as a result of ongoing Norco usage, on April 7, 2015, these reports were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to outline meaningful or material improvements in function (if any) suspected as a result of the ongoing Norco usage. Therefore, the request was not medically necessary.