

Case Number:	CM13-0014901		
Date Assigned:	06/06/2014	Date of Injury:	10/14/2005
Decision Date:	07/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old gentleman who states he sustained a work-related injury on October 14, 2005 and February 8, 2007. The most recent note by a treating physician was dated June 10, 2013, at which time he complained of postoperative pain in the lumbar spine, as well as right knee pain. A Magnetic Resonance Arthrogram of the right knee performed on December 27, 2012, showed a tear of the medial meniscus, and nerve conduction studies performed March 3, 2012 showed a chronic left L5 radiculopathy. There is a medical history significant for a removal of retained hardware of the lower lumbar spine on February 26, 2013, and a right knee meniscectomy on August 31, 2011. Current medications are stated to include Norco, Topamax, Zanaflex, and Dendracin. The physical examination on this date noted lumbar paraspinal tenderness and significantly decreased lumbar range of motion. There was mildly decreased sensation along the left side posterior thigh and the lateral calf. Examination of the right knee noted general tenderness and soft tissue swelling. There was crepitus with range of motion and a 5degree extension lag. There was a diagnosis of a lumbar and the cervical myoligamentous injury, bilateral knee internal derangement, status post lumbar interbody fusion, status post right meniscectomy, lumbar spinal cord stimulator trial, and status post lumbar hardware removal. Trigger point injections were administered to the lumbar spine and there were prescriptions for Norco, Topamax, Fexmid, Prozac, Ambien, Prilosec, and Dendracin. An independent medical review dated July 26, 2013, did not certify prescriptions for Prilosec, Norco, Topamax, Fexmid, Prozac, Ambien, or trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF 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 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), NSAIDS, G.I. SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The most recent physician's office visit in the attached medical record dated June 10, 2013, does not address any gastrointestinal complaints by the injured employee. Without any gastrointestinal issues it is unclear why there is a request for Prilosec. For this reason this request for Prilosec is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), OPIOIDS FOR CHRONIC PAIN Page(s): 80.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines opioid medications such as Norco only appear to have efficacy for limited short-term pain relief. For long-term chronic usage there must be evidence that Norco provides the injured employee significant pain relief and increased ability to work and participate in activities of daily living. There is no mention of any of these criteria in the attached medical record. For these multiple reasons this request for Norco is not medically necessary.

RETROSPECTIVE REQUEST FOR 4 TRIGGER-POINT INJECTIONS FOR A TOTAL OF 10CC OF 0.25% BUPIVACAINE: 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 Chronic Pain Page(s): 122.

Decision rationale: The California MTUS chronic pain medical treatment guidelines specifically states that trigger point injections are not to be administered for those individuals with radicular symptoms. The physical examination on June 10, 2014, demonstrates decreased lower extremity sensation on the same date trigger point injections was administered. Lower

extremity nerve conduction studies also confirmed a chronic L5 radiculopathy. For these reasons this request for trigger point injections is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TOPAMAX 50MG #120:

Overtured

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 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), ANTI-EPILEPSY DRUGS Page(s): 16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC), ANTI-EPILEPSY DRUGS (AEDS) FOR PAIN.

Decision rationale: Anti-epilepsy drugs are recommended for the treatment of neuropathic pain by both the California MTUS chronic pain medical treatment guidelines and the Official Disability Guidelines. The injured employee complains of radicular symptoms and a radiculopathy is confirmed on physical examination and by nerve conduction studies. The previous independent medical review stated that it did not certify the use of Topamax due to lack of a report of particular pain. the report dated June 10, 2013, documents this radiculopathy. Therefore this request for Topamax is medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FEXMID 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 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), CYCLOBENZAPRINE Page(s): 41.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines the use of Fexmid is indicated as an option for chronic pain as a short course of therapy for acute exacerbations. The most recent note in the attached medical record dated June 10, 2013, does not state that the injured employee is experiencing any episodes of exacerbations or "flares". Without any of these symptoms present, this request for Fexmid is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF AMBIEN 10MG #30: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (EFFECTIVE JULY 18, 2009), BENZODIAZEPINES Page(s): 24.

Decision rationale: Ambien is a Benzodiazepine indicated for short-term treatment of insomnia. There is no mention in the most recent visit dated June 10, 2014 that the average employee is experiencing any insomnia that would warrant the prescription of this medication. This request for Ambien is not medically necessary.