

Case Number:	CM13-0018001		
Date Assigned:	10/11/2013	Date of Injury:	11/23/2005
Decision Date:	02/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine 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 physician 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 sustained a bilateral knee and low back injury in 2005. She underwent arthroscopy, meniscectomy and chondroplasty in 2006 and 2009. She was hospitalized with nonsteroidal-anti-inflammatory-induced gastropathy without bleeding in 2006. She received a first facet injection in January 2012 with 50% improvement for three to four months, and another in May. She underwent four shock wave treatments, then a fourth facet block injection in August 2012. Back pain remained at 7-8/10 and radicular with decreased activity by October 2012. She was deemed permanent and stationary by October 2012. Medications and doses are rarely mentioned in records provided. Medications reported July 2013 were omeprazole 20 mg twice daily; Vicodin 10.5/500 three times daily as needed; Lunesta 3 mg at night; Unisom 50 mg, Advil PM 200/25 and Sleep-Eze at night, and Lorezepam 1 mg every 12 hours as needed. Use of a proton pump inhibitor is reported since 2006 and of omeprazole since January 2010. Dosage when reported was 20 mg daily until a June 2013 report states 20 mg twice daily. Vicodin or Vicodin ES has been reported interchangeably from 2007 to June 2013. Zolpidem is reported in 2007, 2010, 2012 and 2013. Dosage in December 2012 was 10 mg. Lunesta is first reported in 2011. Dosage in July 2013 was 3 mg. In April 2013 the worker was also receiving hydromorphone and tramadol, noted by their absence in a failed drug test April 2013 and physician comment on the test. [REDACTED] reports use of nonsteroidal antiinflammatory drugs in July and December 2012 (Naproxen sodium 500 mg). None are reported presently. Prior medications include: Paxil 20 mg. (2007), temazepam 2010, Soma 2011; Chlorazepate reported in 2010, 2012 (7.5 mg.) and 2013; phentermine 30 mg, phentimetrazine 35 mg and Tizanidine 4 mg reported in 2012; and topical creams , amitriptyline/tramadol/ dextromethorphan 4/20/10% and flurbiprofen-diclofenac 25/10% cream, then Ketoprofen/lidocaine, Dendracin (methyl salicyl

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of a proton pump inhibitor with a nonsteroidal anti-inflammatory drug (NSAID), particularly given high risk for gastrointestinal (GI) events. The worker has a history of hospitalization for NSAID-related gastropathy in 2006, but there is no report of GI bleeding. A choice has been made not to treat with NSAIDS, however. The Guidelines also note increased risk of hip fracture with use of proton pump inhibitors for more than one year. The request for Omeprazole 20mg #100 is not medically necessary and appropriate.

. 1 prescription of Hydrocodone/APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Guidelines for ongoing management of opioids recommend ongoing review of pain relief, functional status, appropriate medical use and side effects. Pain assessment should include: current pain, least, average, intensity after taking, how long it takes and how long relief lasts. The 4 As for monitoring include: analgesia, activities of living: physical and psychosocial functioning, adverse effects, and aberrant [or nonadherent] behavior. The medical records provided for review offer little direct objective documentation of pain relief, functional status, appropriate medical use and side effects. Pain is not described as improving. Activities of daily living are not improved. Nonadherent behavior has been shown by a negative drug test for two narcotics and one antispasmodic prescription. Consequently, the request for one prescription of Hydrocodone/APA 10/325 mg #60 is not medically necessary and appropriate.

1 prescription of TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/ Camphor 2%/ Capsaicin 0.5%) #180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Capsaicin page 28, and the section on Topical Analgesics Page(s): 111-113.

Decision rationale: Gabapentin is not recommended as a topical agent by the MTUS Chronic Pain Guidelines. MTUS Chronic Pain Guidelines also indicate that Tramadol is under study for topical use in postoperative patients but does not have an indication for such use in chronic pain. The remaining ingredients are not prescription medications. Therefore this request is not medically necessary, since the MTUS Chronic Pain Guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The request for one prescription of TGHOT #180gm is not medically necessary and appropriate.

One prescription of Fluriflex (Flurbiprofen 15%/Cyclobenzaprine 10%) cream 180gm:
Upheld

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

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

Decision rationale: Topical nonsteroidal anti-inflammatory medication is recommended as an option for short-term use of 4 to 12 weeks for osteoarthritis (ankle, elbow, foot, hand, knee and wrist) and tendonitis by the MTUS Chronic Pain Guidelines. It has not been evaluated for use in spine, hip or shoulder or for neuropathic pain. Advantages include lack of systemic side effects, drug interactions or need to titrate. However, only Diclofenac is FDA approved. MTUS Chronic Pain Guidelines also note that topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. While the worker is not at high risk of bleeding, consideration should be given to prior intolerance, as well as to the fact that Advil PM is listed on her last reported medicine list July, 2013. There is no evidence for the use of this muscle relaxant as a topical product. Finally, any compounded drug that includes at least one drug or drug class that is not recommended is not recommended. The request for one prescription of Fluriflex is not medically necessary and appropriate.

One lumbar spine epidural facet block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back- Lumbar & Thoracic (Acute & Chronic.)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Page(s): 145-146.

Decision rationale: Three facet block injections are already documented in January, May, and August of 2012. Per ACOEM guidelines, invasive techniques [eg, local injections and facet-joint

injections of cortisone and lidocaine) are of questionable merit and are not recommended. The request for one lumbar spine epidural facet block injection is not medically necessary and appropriate.