

Case Number:	CM13-0018410		
Date Assigned:	07/02/2014	Date of Injury:	12/15/2011
Decision Date:	08/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

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 Physical Medicine & Rehabilitation 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 41-year-old female who reported an injury on 12/15/2011 due to a slip and fall. The injured worker complained of neck pain, right shoulder pain, right hip pain, and thigh pain. The injured worker also complained of an intermittent burning pain in the cervical spine that radiated down into the right upper extremity with associated numbness and tingling sensations, and weakness into the right hand. The injured worker also complained of lumbar spine pain which radiated down the right lower extremity with associated hip pain and numbness in the bottom of the feet and the big toe. In the physical examination dated 07/23/2013, there was a moderate tenderness to palpation and spasms noted over the cervical paraspinal muscle; axial head compression positive on the right; Spurling's sign positive on the right; there was no tenderness to palpation to the facets. There was also a decrease in normal lordosis. The range of motion for the cervical spine was noted as flexion at 20 degrees, extension at 50 degrees, lateral flexion at 30 degrees, and lateral rotation at 60 degrees. There was also tenderness to the right shoulder over the acromioclavicular joint. The range of motion for the shoulder was noted as abduction at 150 degrees, forward flexion at 160 degrees, internal rotation at 80 degrees, and external rotation at 80 degrees; cross-shoulder abduction was 30 degrees. An impingement sign was positive on the right. The lumbar spine range of motion was lateral bending at 20 degrees, flexion at 60 degrees, and extension at 10 degrees. In the injured worker's lower extremity, there was tenderness to palpation to the right knee noted medially with mild effusion. The injured worker's provider has handwritten notes that are largely illegible and it is impossible to discern what the injured worker's diagnoses were and what the injured worker's medications are that the injured worker was taking. The treatment plan was for Norco 2.5 mg #120, Neurontin 600 mg #60, Prilosec 20 mg #30, Zofran 8 mg #10, Dendracin lotion, and Fexmid 7.5 mg #60. A

rationale was not specifically stated. The Request for Authorization form was not submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The request for Norco 2.5 mg #120 is non-certified. According to the California MTUS Guidelines, the on-going management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also specify that a pain assessment should be performed at each visit and include a current pain level; the least reported pain over the period since last assessment; the average pain; the intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The 4 A's, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should also be addressed at each visit. Though there was pain for the injured worker documented on past reviews, it was impossible to decipher handwritten clinical for pain comparison. In addition, there was no quantified information regarding pain relief; there was no pain assessment on a VAS, no average pain, intensity of pain, or longevity of pain. There was a lack of documentation regarding the injured worker's functional benefits with use of opioids and there was no consistent urine drug testing provided to confirm appropriate medications use. In addition, there was no mention of side effects in the clinical documentation. Given the above, the request for Norco 2.5 mg #120 is non-certified.

NEURONTIN 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin(Neurontin) Page(s): 49 AND 16.

Decision rationale: The request for Neurontin 600 mg #60 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicates that Neurontin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Guidelines states that AED are Recommended for neuropathic pain (pain due to nerve damage. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most

common example). There are few RCTs directed at central pain and none for painful radiculopathy. There is no legible clinical documentation to support the evidence of neuropathic pain. Therefore, the request is non-certified.

PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS V Page(s): 67.

Decision rationale: The request for Prilosec 20 mg #30 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend use of proton pump inhibitor for patients taking NSAIDs with significant GI or cardiovascular risk factors, or for those with complaints of dyspepsia. There is no clinical documentation to support GI distress related to NSAID use or significant risk factors. As such, the request for Prilosec 20 mg #30 is non-certified.

ZOFRAN 8MG #10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics for opioid nausea.

Decision rationale: The request is non-certified. The Official Disability Guidelines state that antiemetics are not recommended for opioid nausea. The clinical information submitted for review failed to provide a sufficient rationale for treatment. In the absence of details regarding the request and as the guidelines do not support use for opioid-related nausea, the request is not supported. Furthermore, there is no mention of frequency on the request. As such the request for Zofran 8mg tab is non-certified.

DENDRACIN LOTION 120ML: 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.

Decision rationale: The request for Dendracin lotion 120 ml is non-certified. California Medical Treatment Utilization Schedule chronic pain guidelines for topical analgesics state that compounded products which contains 1 ingredient that is not recommended then the compound

itself is not recommended. Dendracin lotion contains capsaicin which is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no clinical documentation to support the request as being medically necessary. As such, the request for Dendracin lotion 120 ml is non-certified.

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Fexmid 7.5 mg #60 is non-certified. The California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. The documentation submitted for review indicates that the injured worker is experiencing muscles cramps and spasms and achieves some relief with the Zanaflex. Guidelines indicate muscle relaxants are not recommended for long term use. Furthermore, there is no mention of frequency on the request.