

Case Number:	CM13-0024944		
Date Assigned:	10/11/2013	Date of Injury:	09/08/2009
Decision Date:	02/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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 patient is a 41-year-old, right-hand-dominant male who has described injuries to his head, neck, mid-back, low back, shoulders, left arm, wrist and hand while at work with Newport Adhesive & Composite/Newport Management on September 8, 2009. He was managed by [REDACTED] for regular followup examinations. The doctor ordered three sleep studies and physical therapy. He also continued under treatment with [REDACTED]. Selective nerve root blocks to the cervical spine were recommended. His last injection was December 19, 2012. [REDACTED] also administered three cortisone injections in the left shoulder, two of which helped, but the third injection caused severe numbness and slight paralysis in the left arm. The patient also states that he re-injured himself in June 2012. He was ascending the stairs in his apartment complex and became dizzy. He fell face forward and landed on his left side, injuring the left side of his face, right shoulder, left ribs, and hands. He reported his injuries to [REDACTED] at his next appointment. In September 2012, the patient was showering at home, when he became dizzy, fell backwards and injured his head, neck, mid-back, low back and both shoulders (the left greater than the right). He states that he did not lose consciousness. He was assisted up by his wife. He reported this incident to [REDACTED] when he was next evaluated by them. He was referred by [REDACTED] to [REDACTED], a psychologist located in Santa Ana, for a consultation on November 26, 2012. He was prescribed Dendracin analgesic cream, one application three times a day and uses Laxacin 8.6/50 mg, one tablet twice daily; ibuprofen 800 mg, one tablet twice daily; Robaxin 750 mg, one tablet twice daily; omeprazole 20 mg, one tablet twice daily; Lyrica 75 mg, one tablet three times daily; Vicodin 500 mg, one tablet as needed. In another report, the patient indicated that he takes hydrocodone 10/325 mg, one tablet two times daily;

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state "the concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents (adjusted odds ratio of 1.77 and 1.33, respectively)." According to the medical records provided for review, the patient discontinued use of Ibuprofen and laxacin because of gastritis and stomach cramps, but continued on Prozac for depression, Lyrica 150mg three times per day, as well as Dendracin lotion for neuropathic pain. Omeprazole was prescribed for GI symptoms and Fioricet for headaches. The prescription of Prozac is considered medically necessary for the management of patient's depressive illness. The request for Prozac 20mg #30 is medically necessary and appropriate.

Norco 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): 76.

Decision rationale: Opioid drugs are available in various dosage forms and strengths. According to the MTUS Chronic Pain Guidelines, they are considered the most powerful class of analgesics that may be used to manage chronic pain. The patient had been consistently prescribed opiate pain medication for the last year which exceeds short-term use and based on the cited evidence-based guidelines the continued use of Norco 10/325 did not appear indicated, given the lack of objective evidence of pain relief or functional improvement. The request for Norco 10/325mg #60 is not medically necessary and appropriate.

Laxacin 50/8.6mg #200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, the Veterans Health Administration, Department of Defense, and the MD Consult Drug Monograph

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer based his/her decision on the manufacturer's product insert

Decision rationale: Laxacin 50/8.6 is a stool softener, used in the treatment of constipation. The MTUS Guidelines are silent on this medication. There is no evidence or report of the patient having constipation in the medical records provided for review; therefore the prescription of Laxacin is not medically necessary and appropriate.

Dendracin lotion: 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 based on Non-MTUS Citation Pharmacology and Experimental Therapeutics (JPET Fast Forward, published September 5, 2012 as DOI:10/1124/jpet.112.196717)

Decision rationale: Dendracin lotion is a topical analgesic with the following active ingredients: Methyl Salicylate 30%; Capsaicin 0.025%; Menthol 10%. According to the MTUS Chronic Pain Guidelines, the use of topical analgesics is largely experimental. The Guidelines also indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records provided for review indicate that the patient is currently taking Lyrica for neuropathic pain, and there is no documentation that this treatment has failed. Consequently, the request for Dendracin lotion is not medically necessary and appropriate.

Lyrica 150mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Lyrica, which is an Anti-epilepsy drug, is recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Therefore the prescription of Lyrica 150mg is medically necessary and appropriate.