

Case Number:	CM13-0025019		
Date Assigned:	11/20/2013	Date of Injury:	03/04/2011
Decision Date:	01/28/2014	UR Denial Date:	09/11/2013
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 Neurology, has a subspecialty in Electrodiagnostics, 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 claimant is a 50 year old male who tripped and fell on March 4, 2011. He injured his left knee and left ankle. On January 23, 2012 the patient underwent an MRI of the left ankle which showed a reduced inflammation in the distal Achilles' tendon. An electrodiagnostic study performed on July 11 2012 showed sensorimotor polyneuropathy. He was treated with pain medications. On February 7 2013, his physical examination showed persistent knee and back pain. On August 5 2013 he has left foot surgery. On October 7 2013, he was still complaining of knee pain, back pain, and left foot pain. His provider is requesting authorization for Trazodone, Flexeril, Prilosec, Dendracin, Norco, and Naproxen

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty 360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR- Norco

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on OpioidS Page(s): 75-92.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco as well as other short acting opioids are indicated for intermittent or breakthrough pain. It can be used in acute

post operative pain. The MTUS Chronic Pain Guidelines do not recommended Norco for chronic pain or long-term use as it is prescribed in this case. The request for Norco 10/325mg qty 360 is not medically necessary and appropriate.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, proton pump inhibitors are indicated in patients with intermediate to high risk of gastrointestinal events when non-steroidal anti-inflammatory drugs are used. According to the chart, the patient has no risk factors for gastrointestinal event (The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The request for Prilosec 20mg is not medically necessary and appropriate.

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Flexeril Page(s): 41.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Flexeril is recommended for pain for a short course. Its effects are greatest in the first 4 days. In this case Flexeril was prescribed for more than a short term use. Furthermore, the medication may cause sedation and dizziness which may increase the risk of falls. In addition there is no documentation of the patient experiencing sleep problems in the medical records provided for review. The request for Flexeril 7.5mg is not medically necessary and appropriate.

Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et. Al. (2004) "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: The medical records provided for review do not include documentation of the patient experiencing insomnia or sleep issues. Consequently, the request for Trazodone 50mg is not medically necessary and appropriate.

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Naproxen Page(s): 66.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Naproxen is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There no evidence of an inflammatory origin of the pain in this case. Furthermore, there is no plan of treatment to use the medication at its lowest dose and shortest period of time in the medical records provided for review. Based on the above, the request for Naproxen Sodium 500mg is not medically necessary and appropriate.

Dendracin Lotion 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Salicylate Topicals.

Decision rationale: Dendracin is formed by methyl salicylate, menthol, and benzocaine. According to the MTUS Chronic Pain Guidelines, salicylate topicals are recommended and are better than placebos. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of Dendracin. It is not clear from the medical records provided for review that there is any documentation of neuropathic pain. The request for Dendracin lotion 120ml is not medically necessary and appropriate.

Retro Prilosec 20mg dispensed 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDS, GI Symptoms, & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, proton pump inhibitors are indicated in patients with intermediate to high risk of gastrointestinal events when non-steroidal anti-inflammatory drugs are used. According to the chart, the patient has no risk factors for a gastrointestinal event (The risk for gastrointestinal events are: (1) age > 65 years; (2)

history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The request for Retro Prilosec 20mg dispensed 8/29/13 is not medically necessary and appropriate.

Retro Flexeril 7.5mg dispensed 8/29/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Flexeril Page(s): 41.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Flexeril is recommended for pain for a short course. Its effects are greatest in the first 4 days. In this case Flexeril was prescribed for more than a short term use. Furthermore, the medication may cause sedation and dizziness which may increase the risk of falls. In addition there is no documentation of the patient experiencing sleep problems in the medical records provided for review. The request for Retro Flexeril 7.5mg dispensed 8/29/13 is not medically necessary and appropriate.

Retro Trazodone 50mg dispensed 8/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et. Al. (2004) "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: The medical records provided for review do not include documentation of the patient experiencing insomnia or sleep issues. Consequently, the request for Retro Trazodone 50mg dispensed 8/29/13 is not medically necessary and appropriate.

Retro Dendracin 120ml dispensed 8/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Salicylate Topicals Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, menthol, and benzocaine. According to the MTUS Chronic Pain Guidelines, salicylate topicals are recommended and are better than placebos. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There are no strong controlled studies supporting the efficacy of Dendracin. It is not clear

from the medical records provided for review that there is any documentation of neuropathic pain. The request for Retro Dendracin lotion 120ml dispensed 8/29/13 is not medically necessary and appropriate.