

Case Number:	CM13-0028370		
Date Assigned:	11/27/2013	Date of Injury:	03/07/2002
Decision Date:	02/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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.

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 51-year-old female who reported an injury on 12/31/2009. The patient is diagnosed with discogenic lumbar condition with facet inflammation, right ankle sprain and strain, left knee internal derangement status post 2 previous surgeries with persistent symptomatology, significant depression with sleep issues, and right hip inflammation. The patient was seen by [REDACTED] on 10/25/2013. The patient reported ongoing lower back and left knee pain as well as right hip pain. Physical examination revealed tenderness along the knee in the patellofemoral area and medial joint line with grade IV strength to resisted function, and tenderness along the lumbosacral area with noted spasm and loss of motion. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg tablets, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be

made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report ongoing left knee and lower back pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. It was noted on 04/18/2013 by [REDACTED], the patient rated her pain as 6/10 with Vicodin. The request for Vicodin 5/500mg tablets, 60 count, is not medically necessary or appropriate.

Flexeril 7.5mg tablets, 30 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Cyclobenzaprine is not recommended for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain to the lower back and left knee. The patient's physical examination continues to reveal spasm and loss of motion with tenderness to. The request for Flexeril 7.5mg tablets, 30 count, is not medically necessary or appropriate.

Prilosec 20mg capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Based on the clinical information received, the patient does not meet criteria for the use of a proton pump inhibitor. The request for Prilosec 20mg capsules are not medically necessary or appropriate.

Dendracin lotion 120 ml, quantity of one: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few, randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain to the lower back and left knee. Additionally, there is no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. The request for Dendracin lotion 120 ml, quantity of one, is not medically necessary or appropriate.