MAXIMUS Federal Services

Case Number:	CM13-0037623		
Date Assigned:	03/19/2014	Date of Injury:	06/16/2006
Decision Date:	06/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 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 46-year-old female with a reported date of injury on 06/16/2006. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of pain throughout her body, head and lumbar spine. According to the documentation dated 09/11/2013, the injured worker had a positive Spurling's test. She had a positive straight leg bilaterally at 30 degrees, positive Tinel's sign, and positive carpal tunnel compression test. The injured worker's diagnoses included bilateral carpal tunnel syndrome, status post right carpal tunnel release, bilateral shoulder impingement syndrome, multilevel lumbar discopathy, status post bilateral discogram of L4-5 and L5-S1, fibromyalgia and major depression. The injured worker's medication regimen included hydrocodone, Protonix, gabapentin, and Clorazepate. Request for Authorization of retrospective Lidoderm patches 5% #30 apply one patch to skin 12 hours on 12 hours off (DOS: 09/11/2013), retrospective Clorazepate 7.5 mg #60 twice a day, retrospective pantoprazole 20 mg #30 (DOS: 9/3/13), retrospective vitamin D 2000 IU #100 two tablets daily (DOS: 9/3/13), was submitted on 09/30/2013. According to the clinical note dated 09/13/2013, the physician noted that there was a review to include discussion of impact on function and activities of daily living, expectation of therapy, and medication compliance and potential adverse effects. The physician determined at that time that the injured worker met the criteria for continuation of the medications requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LIDODERM PATCHES 5%, #30 APPLY ONE PATCH TO SKIN 12 HRS ON 12 HRS OFF (DOS 9/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LIDOCAINE, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: According to the California MTUS Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include tricyclics, antidepressants or gabapentin or Lyrica. Lidocaine is not a first line treatment and is only FDA approved for postherpetic neuralgia. The clinical information provided for review lacks documentation of the use of antidepressants or an AED such as gabapentin or Lyrica. The request does not specify a region of the body for the Lidoderm to be utilizes. The documentation provided failed to provide the efficacy of the medication to support continuation. Therefore, the request for retrospective Lidoderm patches 5%, #30 apply one patch to skin 12 hours on 12 hours off (dos 9/11/13) is not medically necessary.

RETROSPECTIVE CLORZEPATE 7.5MG, #60 TWICE A DAY DOS: 9/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: BENZODIAZEPINES, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clorazepate is a benzodiazepine. According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use, long-term effectiveness is unproven and there is a risk of dependence. Guidelines limit the use to 4 weeks. The clinical information provided for review lacks documentation of rationale for the use of Clorazepate and lacked objective functional improvement with the medication to support continuation. According to the clinical information provided for review, the injured worker has been utilizing Clorazepate for an extended period of time. The request for continued use of Clorazepate would exceed the recommended guidelines. Therefore, the request for retrospective Clorazepate 7.5mg, #60 twice a day (DOS: 9/3/13) is not medically necessary.

RETROSPECTIVE PANTOPRAZOLE 20MG, #30 DOS: 9/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PROTON PUMP INHIBITOR (PPI), CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 68

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

Decision rationale: According to the California MTUS Guidelines proton pump inhibitors are recommended with precaution. Proton pump inhibitors are recommended if the injured worker is at risk for gastrointestinal events, greater than age 65, or if the injured worker has a history of high dose or multiple NSAID use. The clinical information provided for review lacks documentation of GI events. The injured worker has been utilizing proton pump inhibitors for an extended period of time. There is a lack of documentation related to the therapeutic effect of the long-term use of pantoprazole. Therefore, the request for retrospective pantoprazole 20 mg #30 DOS: 9/3/13, is not medically necessary.

RETROSPECTIVE VITAMIN D 2000IU, #100 2 TABLETS DAILY DOS: 9/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Vitamin D

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

Decision rationale: According to the Official Disability Guidelines, Vitamin D is recommended for consideration in chronic pain patients if supplementation is necessary. Musculoskeletal pain is associated with lower Vitamin D levels but the relationship may be explained by physical inactivity and/or other compounding factors. Inadequate Vitamin D may represent an unrecognized source of decreased neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal and involves many areas of tenderness to palpation should consider checking Vitamin D level. The clinical information provided for review lacks documentation of lab work related to the injured worker's Vitamin D level. The request for Vitamin D is unclear. Therefore, the request for retrospective Vitamin D 2000 IU #100 two tablets daily DOS: 9/3/13, is medically necessary.