MAXIMUS Federal Services

Case Number:	CM13-0047926		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2009
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 60-year-old male who reported an injury on 07/12/2009 due to cumulative trauma that caused injury to the bilateral knees. The patient underwent left knee replacement in 2006 and right knee replacement in 2010. The patient's treatment history included physical therapy, injection therapy, psychiatric support, and medications. The patient's medication schedule included Naproxen 550 mg, Prilosec 20 mg, and Norco 10/325 mg. The patient's most recent clinical evaluation indicated that the patient had developed chronic low back pain that was nonresponsive to a medial branch block. Objective findings included slight weakness to ankle extension and ankle eversion on the right side of the lower extremities. It was noted that the patient was not participating in activities of daily living. The patient's diagnoses included discogenic lumbar condition, internal derangement of the bilateral knees status post total knee replacement, and elements of depression, sleep deprivation, and stress. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 retrospective prescription of Norco 120mg: Upheld

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

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

Decision rationale: The retrospective request for Norco 120 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is prescribed Norco 10/325 mg for pain relief. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient receives any pain relief, functional benefit, or is monitored for aberrant behavior. Therefore, continued opioid usage would not be supported. As such, the requested 1 prescription of Norco 120 mg is not medically necessary or appropriate.

1 retrospective prescription of Naproxen 550mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 60, 67.

Decision rationale: The retrospective request for 1 prescription of naproxen 550 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the use of medications in the management of the patient's chronic pain be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit from medication usage. It is noted within the documentation that the patient has significant pain complaints that limit his activities, and ability to participate in activities of daily living. Therefore, continued use of this medication would not be supported. As such, the requested retrospective request for 1 prescription of naproxen 550 mg #60 is not medically necessary or appropriate.

1 retrospective prescription of Prilosec/Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (Gastrointestinal) symptoms & cardiovascular.

Decision rationale: The retrospective request for 1 prescription of Prilosec/Protonix 20 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is prescribed Prilosec on a regular basis. Chronic Pain Medical

Treatment Guidelines does not recommend the use of a gastrointestinal protectant unless the patient is at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing symptoms related to medication usage. Therefore, continued use of this medication would not be supported. The clinical documentation submitted for review would also not support Protonix, as this is also a gastrointestinal protectant. As such, the retrospective request for 1 prescription of Prilosec/Protonix 20 mg #60 is not medically necessary or appropriate.

Norco 120mg: Upheld

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

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

Decision rationale: The request for Norco 120 mg is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is prescribed Norco 10/325 mg for pain relief. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide any evidence that the patient receives any pain relief, functional benefit, or is monitored for aberrant behavior. Therefore, continued opioid usage would not be supported. As such, the requested 1 prescription of Norco 120 mg is not medically necessary or appropriate.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 68.

Decision rationale: The request for 1 prescription of naproxen 550 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the use of medications in the management of the patient's chronic pain be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit from medication usage. It is noted within the documentation that the patient has significant pain complaints that limit his activities, and ability to participate in activities of daily living. Therefore, continued use of this medication

would not be supported. As such, the requested request for 1 prescription of naproxen 550 mg #60 is not medically necessary or appropriate.

Prilosec/Protonix 20mg #60: Upheld

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

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

Decision rationale: The request for 1 prescription of Prilosec/Protonix 20 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is prescribed Prilosec on a regular basis. California Medical Treatment Utilization Schedule does not recommend the use of a gastrointestinal protectant unless the patient is at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing symptoms related to medication usage. Therefore, continued use of this medication would not be supported. The clinical documentation submitted for review would also not support Protonix, as this is also a gastrointestinal protectant. As such, the request for 1 prescription of Prilosec/Protonix 20 mg #60 is not medically necessary or appropriate.

Terocin patches #30: 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 requested Terocin patches #30 are not medically necessary or appropriate. The requested Terocin patches contain methyl salicylate, capsaicin, menthol, and lidocaine. California Medical Treatment Utilization Schedule recommends the use of menthol and methyl salicylate for patients who have osteoarthritic-related pain. The clinical documentation submitted for review does indicate the patient's pain is osteoarthritic in nature. Therefore, the use of these medications would be appropriate. However, this is a compounded medication that also contains capsaicin and lidocaine. California Medical Treatment Utilization Schedule recommends the use of capsaicin when the patient has failed to respond to all other first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to other first-line medications such as anticonvulsants and antidepressants. Therefore, the use of this medication would not be appropriate to this patient. Additionally, California Medical Treatment Utilization Schedule recommends the use of lidocaine for patients who have failed to respond to oral anticonvulsants. There is no documentation the patient has failed to respond to oral anticonvulsants. Additionally, the intended body part for usage is not clearly indicated. Lidocaine patches are not

typically indicated for body parts such as the knees that are not typically affected by neuropathic pain. California Medical Treatment Utilization Schedule does not recommend the use of any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. As such, the requested Terocin patches #30 are not medically necessary or appropriate.

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The requested Flexeril 7.5 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of this medication for short durations of treatment to assist with pain control and muscle spasm. The clinical documentation does provide evidence that the patient has moderate to severe pain and would benefit from this medication. However, California Medical Treatment Utilization Schedule only recommends a very short duration of up to 2 to 3 weeks with the use of muscle relaxants. The requested 60 tablets of this medication exceeds that recommendation. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested Flexeril 7.5 mg #60 is not medically necessary or appropriate.