

Case Number:	CM13-0049384		
Date Assigned:	08/08/2014	Date of Injury:	04/29/2010
Decision Date:	10/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	11/07/2013

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 Nevada. 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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on April 29, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 15, 2014, indicated that there were ongoing complaints of low back, hip and chronic pains. The pain score noted to be 7/10. The physical examination demonstrated a normotensive (124/88) individual with a slightly unsteady gait pattern, a decreased lumbar spine range of motion, deep tendon reflexes 1+ at the knees and 0 at the ankles and sensation was intact. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, conservative care and pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on September 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 100 mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 22, 30, 70 of 126..

Decision rationale: As noted in the MTUS, this is a non-steroidal, anti-inflammatory medication that is indicated for osteoarthritis type situations. This can be used to address chronic pain; however, there needs to be some documented efficacy. The most current diagnosis is noted as low back pain. Therefore, it is not clear what the pain generator is. Based on the clinical information provided, it is also not clear that this medication is having any efficacy as the pain levels remain relatively high. As such, based on the clinical information presented for review and by the parameters noted in the MTUS, the medical necessity for this medication is not established.

Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): Pages 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The progress notes for review do not identify any of these parameters. The injured employee still requires pain management interventions and notes no improvement. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Skelaxin 800 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127..

Decision rationale: This medication is a muscle relaxant type preparation. As outlined in the MTUS, muscle relaxants must be used with caution in only those patients who have acute exacerbation of the chronic low back pain. This medication is being prescribed on a chronic and indefinite basis. Furthermore, when noting the physical examination reported, there is no documentation that there is any efficacy or utility with the continued use of this preparation. As such, until there is a comprehensive clinical assessment completed that outlines the current clinical condition necessary for this medication to treat the problem and by the parameters outlined in the MTUS, the medical necessity for this medication has not been established.

Lunesta 2mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter

Decision rationale: As outlined in the ODG, (ACOEM & MTUS do not address) this medication is indicated for a short-term treatment. No more than a four-week treatment period of medication is outlined to address these issues. Therefore, there is no clinical indication for chronic or indefinite use. As such, this medication is not medically necessary.

Methadone 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 61-62 of 127.

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution in those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes do not address these criteria and there is insufficient clinical information presented to support the ongoing use of this medication in the face of the noted side effect profile. Therefore, based on the limited clinical information, this is not medically necessary.

Mobic 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Page(s): 72 of 127.

Decision rationale: It is noted that this medication is supported in the MTUS for the treatment of osteoarthritis. However, when noting the pain levels continued to be 7/10, there was no documentation of any efficacy or utility. As such, the continued use of this medication is not determined to be medically necessary.

Dendracin cream 1 tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Page(s): 112 of 127.

Decision rationale: This topical compound was a combination of methyl salicylate, menthol and capsaicin. The MTUS notes that these topical analgesics are largely experimental as there have been few randomized controlled trials demonstrating their efficacy. Furthermore, when noting ongoing pain complaints offered, there is no narrative presented to suggest that this medication is demonstrating any utility in terms of functional improvement or decreased symptomatology. As such, the continued use of this medication, that has no documentation of any improvement, is not medically necessary.

Topamax 50mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21 of 127.

Decision rationale: The California MTUS supports the use of anticonvulsants such as Topamax, but notes that Topamax may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed. As such, the request for Topamax is not medically necessary.