

Case Number:	CM13-0049752		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2009
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of November 23, 2009. A utilization review determination dated November 5, 2013 recommends non-certification of Flector Patches 1/3% two (2) boxes apply as directed, non-certification of Voltaren 100mg #30 one tab daily, non-certification of Protonix 20mg #60 one tab daily two times a day, modification of Ultram ER 150mg #60 one tab daily, modification of Flexeril 7.5mg #90 one tab three times a day, and modification of Lortab 7.5/500mg #60 one tab every six (6) hours as needed. The previous reviewing physician recommended non-certification of Flector Patches 1/3% two (2) boxes apply as directed, due to lack of documentation of acute muscular aches and strains; non-certification of Voltaren 100mg #30 one tab daily due to increased hepatic and cardiovascular risks associated with Voltaren; and non-certification of Protonix 20mg #60 one tab daily two times a day, due to lack of documentation of dyspepsia and failure of omeprazole or lansoprazole. A Follow-up Consultation report, dated October 21, 2013, identifies an Interval History of continued moderate hip and low back pain. She notes persistent pain involving her knee as well with episodic swelling. Physical examination identifies that there continues to be somewhat diffuse tenderness with manipulation of the patella and along both the medial and lateral joint lines. Substantial tenderness is present with palpation about the greater trochanter on the right side. The patient ambulates with significant difficulty. There is tenderness involving both the right and left sides of the paralumbar region. The tenderness is more significant on the left side and extends over the sciatic notch. Straight leg test is positive bilaterally. There is also considerable tenderness with palpation about the left hip, as well maximal over the greater trochanter. Impression includes lumbar strain with intermittent radiculopathy, right hip arthropathy status post right hip arthroscopy, right knee strain. The plan includes Orthovisc injections of the knee denied but clinically indicated. Medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1/3%, two (2) boxes, apply as directed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: The Official Disability Guidelines indicate that Flector patches are not recommended as a first-line treatment. The Guidelines additionally state that Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, the currently requested Flector Patches 1/3%, two (2) boxes, apply as directed is not medically necessary.

Voltraren 100mg #30, one (1) tab daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG TWC 2013 Pain Chapter - Diclofenac potassium (Cataflam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The Chronic Pain Guidelines indicate that topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.

Protonix 20mg #60, one (1) tab daily, two (2) times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 06-07-2013 Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

Decision rationale: The Chronic Pain Guidelines indicate that clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors. The Official Disability Guidelines indicate that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The Guidelines additionally state that a trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. Within the medical information made available for review, there is no documentation that the patient is at risk for gastrointestinal events. In addition, there is no documentation that a trial of omeprazole or lansoprazole has been attempted. In the absence of such documentation, the currently requested Protonix 20mg #60, one (1) tab daily, two (2) times a day is not medically necessary.

Ultram ER 150mg #60, one (1) tab daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: The Chronic Pain Guidelines indicate that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines also recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram ER 150mg #60, one (1) tab daily is not medically necessary.

Flexeril 7.5mg #90, one (1) tab, three (3) times a day: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second-line option for the short-term treatment of acute exacerbations of pain. The Guidelines also indicate that muscle relaxants are recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Flexeril.

Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 7.5mg #90, one (1) tab, three (3) times a day is not medically necessary.

Lortab 7.5/500mg #60, one (1) tab every six (6) hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 2013 Pain Chapter: Long-Term Assessment - Opioids: Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: The Chronic Pain Guidelines indicate that Lortab is a short-acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The Guidelines recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Lortab is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Lortab 7.5/500mg #60, one (1) tab every six (6) hours, as needed is not medically necessary.