

Case Number:	CM13-0054697		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2003
Decision Date:	05/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 08/19/2003. The mechanism of injury was a fall. The injured worker's medications included levothyroxine and oxybutinin as of 2011. In 2012, the medications included Xanax, Celebrex, gabapentin, metformin and trimethoprim. Early 2013 revealed the addition of Nexium and Lidoderm. Muscle relaxants were added as of 07/2013. The documentation of 10/29/2013 revealed that the injured worker had pain of a 5/10. It was indicated that the current medications provided approximately a 50% decrease in the injured worker's pain. The injured worker denied bowel or bladder changes. The diagnosis included chronic pain syndrome; disorder of the thyroid, NOS; and cervicgia status post fusion as well as reflux esophagitis from Celebrex and a thoracic disc displacement. The request was made for a continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXIUM DR 40MG #30 WITH SEVEN REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 9 months. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency. Additionally, it failed to indicate the necessity for 7 refills without re-evaluation. Given the above, the request for Nexium DR 40 mg #30 with 7 refills is not medically necessary.

XANAX 0.5MG #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for injured workers with chronic pain for longer than 3 weeks due to the high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation indicating the efficacy of the requested medication. As the medication is not supported for an extended duration of time, the request would not be supported. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Xanax 0.5 mg #90 is not medically necessary.

LIDODERM 5% #60 WITH FOUR 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): 56-57.

Decision rationale: California MTUS Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The clinical documentation submitted for review failed to indicate the Final Determination Letter for IMR Case Number CM13-0054697 4 injured worker had a trial and failure of a first-line therapy. It was indicated that the injured worker had utilized the medication for greater than 6 months. There was a lack of documentation of the efficacy of the requested medication. The request was being concurrently reviewed with gabapentin, which is a first-line therapy. Given the above, the request for Lidoderm 5% #60 with 4 refills is not medically necessary. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the necessity for 4 refills without reassessment.

PERCOCET 5MG #180 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behaviors and side effects. The clinical documentation submitted for review indicated that the current medications provided approximately a 50% decrease in the injured worker's pain. It indicated that the injured worker had no side effects from the medications. However, there was a lack of documentation of the objective improvement in function and that the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. Given the above, the request for Percocet 5 mg #180 with 1 refill is not medically necessary.

CELEBREX 200MG #60 WITH THREE REFILLS: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short-term treatment of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the functional benefit received from the medication. There was documentation that the current medications decreased the injured worker's pain by approximately 50%. The request as submitted failed to indicate the frequency for the medication. Additionally, there was a lack of documentation indicating the necessity for 3 refills without re-evaluation. Given the above, the request for Celebrex 200 mg #60 with 3 refills is not medically necessary.

GABAPENTIN 300MG #90 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIPILEPTIC DRUGS, Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for more than one year. There was documentation that the current medications decreased the injured worker's pain by approximately 50%. There was a lack of documentation of the functional benefit of the requested medication. The request as submitted failed to indicate the frequency and the necessity for 2 refills without re-evaluation. Given the above, the request for gabapentin 300 mg #90 with 2 refills is not medically necessary.

LEVOTHYROXINE 75MCG: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

Decision rationale: Drugs.com indicates that levothyroxine treats hypothyroidism. The clinical documentation submitted for review indicated that the injured worker had the condition of hypothyroidism. The clinical documentation indicated that the injured worker had been utilizing the medication since 2011. There was a lack of documentation of recent laboratory values to support the efficacy of the requested medication. The request as submitted failed to indicate the quantity and frequency for the levothyroxine. Given the above and the lack of documentation, the request for levothyroxine 75 mcg is not medically necessary.

METFORMIN 500MG: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:
[HTTP://WWW.DRUGS.COM/SEARCH.PHP?SEARCHTERM=METFORMIN](http://www.drugs.com/search.php?searchterm=metformin)

Decision rationale: Drugs.com indicates that metformin is an oral diabetic medicine that helps control blood sugar for people with type II diabetes. The clinical documentation submitted for review failed to provide recent laboratory values to support the efficacy of the medication. The clinical documentation indicated that the injured worker was utilizing the medication since 2012. The request as submitted failed to indicate the quantity as well as the frequency of the medication. Given the above, the request for metformin 500 mg is not medically necessary.

OXYBUTYNIN CHLORIDE 5MG: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:
[HTTP://WWW.DRUGS.COM/SEARCH.PHP?SEARCHTERM=OXYBUTYNIN](http://www.drugs.com/search.php?searchterm=oxybutynin)

Decision rationale: Drugs.com indicates that oxybutynin reduces muscle spasms of the bladder and urinary tract. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication since 2011. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency and the quantity being requested. Given the above, the request for oxybutynin chloride 5 mg is not medically necessary.

TIMETHOPRIM 100MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:
[HTTP://WWW.DRUGS.COM/SEARCH.PHP?SEARCHTERM=TRIMETHOPRIM](http://www.drugs.com/search.php?searchterm=trimethoprim)

Decision rationale: Per drugs.com, trimethoprim is an antibiotic that fights bacteria in the body, and it is used to treat bladder or kidney infections. The clinical documentation submitted for review indicated that the injured worker had been taking the medication since 2012. There was a lack of documentation indicating the efficacy and the necessity for the requested medication. The request as submitted failed to indicate the quantity of the medication being requested and the frequency. Given the above, the request for trimethoprim 100 mg is not medically necessary.

TIZANIDINE 4MG #90 WITH TWO REFILLS: 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 California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute pain, and the treatment is recommended for less than 3 weeks. There should be documentation of an objective functional Final Determination Letter for IMR Case Number CM13-0054697 7 improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation of objective functional

improvement. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating the necessity for 2 refills without re-evaluation. Given the above, the request for tizanidine 4 mg #90 with 2 refills is not medically necessary.