

Case Number:	CM13-0056988		
Date Assigned:	12/30/2013	Date of Injury:	03/09/2009
Decision Date:	04/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal Medicine, Pulmonary Diseases, 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 48-year-old male who reported an injury on 03/09/2009. The mechanism of injury was not specifically stated. The patient is diagnosed with contusion/hematoma, neck sprain, thoracic sprain, and lumbosacral sprain. The patient was seen by [REDACTED] on 10/18/2013. The patient reported constant pain in the neck and lower back. The patient also reported spasm and ongoing right knee and right ankle pain. Physical examination revealed tenderness to palpation of the cervical and thoracolumbar spine, limited range of motion, spasm, and tenderness to palpation of the right lower extremity with effusion in the right ankle. The treatment recommendations included continuation of current medication, as well as the use of a cane to provide support during ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine HCL 7.5 mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to demonstrate palpable muscle spasm. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report constant pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request is non-certified.

Colace 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.durgs.com/pro/docusate-sodium.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The Official Disability Guidelines (ODG) state opioid-induced constipation treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted for review, there is no evidence of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first-line treatment. Based on the clinical information received, the request is non-certified.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.durgs.com/pro/omeprazole-tablets.html#indications>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective nonsteroidal anti-inflammatory drug (NSAID) . As per the documentation submitted for review, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

120 gm tube of 30 gm Flurbiprofen 25%-Menthol 10 %-Camphor 3%-capsaicin 0.0375 cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain up on physical examination. There is also no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Walking Aids

Decision rationale: The Official Disability Guidelines (ODG) state walking aides such as canes, crutches, braces, orthoses, and walkers are recommended for specific indications. As per the documentation submitted for review, there is no evidence of instability, motor weakness, or balance issues that would require the use of a cane for ambulation assistance. The patient has continuously utilized a cane for ambulation. The medical necessity for an additional device has not been established. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.