

Case Number:	CM13-0058215		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2012
Decision Date:	05/13/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine 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 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 patient is a 51 year old female who was injured on 12/19/2012. Prior treatment history has included physical therapy, injections, medications, bracing, and rest. The urine drug screen performed on 06/27/2013 indicated positive detection for hydrocodone and hydromorphone. A report dated 10/23/2013 indicated the patient complains of a lot of cramping when extending the right knee and locking with sharp pain in the left knee. She complains of bilateral shoulder pain described as sharp and constant, more severe in the left side compared to the right side. Objective findings on exam revealed tenderness in the bilateral knees. On a scale from 1-10, 10 being the worst, she states her pain level is at a 5. X-rays were taken of the bilateral knees and bilateral tibia show lateral tilt of the patella of the right knee. The patient is scheduled to undergo arthroscopy of the right knee with patellar stabilization. She was dispensed the following medications to alleviate pain and discomfort: hydrocodone/APAP 10/325 mg for pain relief; Cyclobenzaprine 7.5 mg #60 for muscle relaxer/relieve spasms; Diclofenac Sodium ER 100 mg for inflammation and swelling; and Pantoprazole Sodium ER 20 mg to prevent gastritis/heartburn. She was also given a prescription for Dyotin SR 250 mg capsules; TheraFlex cream and Bio-Therm pain relieving lotion 4 oz bottle, as well as requesting authorization for the patient to be administered a urine drug panel to check efficacy of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009), pg.33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-91.

Decision rationale: According to the guidelines, urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The urine drug screen performed on 06/27/2013 indicated positive detection for hydrocodone and hydromorphone. The medical records do not indicate that these medications were not consistent with the patient's prescribed medications. In addition, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Based on this, and in absence of support within the evidence based guidelines, a urinalysis drug screen is not necessary. Therefore, the requested urinalysis screening is not medically necessary or appropriate at this time.

1 RX THERAFLEX CREAM 180MG: 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 that topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The submitted medical records do not document the contents of this topical product. In absence of this documentation, the medical necessity of the request cannot be established. The requested product contains methyl salicylate and several other components in a proprietary blend. This product does not appear to have FDA approval. The guidelines state only FDA-approved products are currently recommended. In addition, the medical records do not substantiate the patient is unable to tolerate oral medications, which are considered standard first-line intervention. Therefore, TheraFlex is not medically necessary or appropriate.

120 DYOTIN SR 250MG: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 and 18..

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The report dated 10/23/2013 indicated the patient complained of a lot of cramping when extending the right knee and locking with sharp pain in the left knee, and bilateral shoulder pain described as sharp and constant that is more severe in the left side compared to the right side. Objective findings on exam revealed tenderness in the bilateral knees. She stated her pain level was at a 5. X-rays were taken of the bilateral knees and bilateral tibia show lateral tilt of the patella of the right knee. According to the report, the patient was scheduled to undergo arthroscopy of the right knee with patellar stabilization. The medical records do not establish the patient has neuropathic pain. There are no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. The medical necessity of Gabapentin has not been established under the guidelines.

60 HYDROCODONE/APAP 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80 and 91..

Decision rationale: Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which is seen as an effective method in controlling chronic pain. Short-acting opioids are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical documents do not support continuation of opioid pain management. The medical records do not establish failure of non-opioid analgesics, such as nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen, which are known to be effective for treatment of moderate pain and symptoms. There is no mention of improvement with opioid treatment. There was no mention of improved quality of life. Therefore, the requested hydrocodone 10/325 is not medically necessary.

60 CYCLOBENZAPRINE 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 63.

Decision rationale: Cyclobenzaprine (Flexeril®) is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Muscle relaxants (for pain) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. According to the guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The medical records do not establish this patient has presented with any acute exacerbation of chronic pain. In addition, there is no evidence of muscle spasms on examination. Therefore, Cyclobenzaprine is not medically necessary under the guidelines.

60 PANTOPRAZOLE SODIUM ER 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS guidelines state that proton pump inhibitors (PPIs), such as Omeprazole, may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age greater than 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these potential risk factors apply to this patient. There are no documented gastrointestinal complaints. In addition, Prilosec is considered a first-line treatment. The guidelines state other PPIs, such as Protonix (pantoprazole sodium ER), should be considered only as second-line therapy. Therefore, the requested pantoprazole sodium ER is not medically necessary or appropriate at this time.