MAXIMUS Federal Services

Case Number:	CM13-0067365		
Date Assigned:	01/24/2014	Date of Injury:	05/03/2010
Decision Date:	05/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, 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 injured worker is a 44-year-old female who reported an injury on 05/03/2010 after she struck the side of her head on a piece of furniture. The injured worker's treatment history included physical therapy and multiple medications as well as a home exercise program and corticosteroid injections. The injured worker was evaluationed on 02/07/2013. It was documented that the injured worker's medications included diclofenac sodium 1.5%, Sentra PM, pantoprazole, nabumetone, cyclobenzaprine, Lidoderm 5% patch, tramadol and capsaicin cream. The injured worker was evaluated on 06/05/2013. It was documented that she had continued pain complaints rated at a 7/10. Objective findings included a well-developed, well-nourished female in no apparent cardiorespiratory distress who ambulated around the examination room without assistance. The injured worker's diagnoses included neck pain and headache. The injured worker's prescriptions included diclofenac sodium 1.5%, pantoprazole, cyclobenzaprine, capsaicin cream, Synovacin glucosamine, Sentra PM, nabumetone and tramadol. The injured worker's treatment plan included a refill of medications. It was documented that the injured worker's medications provided her with benefit and increased function without adverse side effects. A letter of appeal dated 08/22/2013 documented that the injured worker's prescription for diclofenac 1.5% was not authorized due to a lack of documentation that the injured worker had failed to respond to other first-line treatments. The treating physician noted in the letter of appeal that the injured worker had failed to respond to several other medications, including naproxen, a Flector patch, tramadol and physical modalities. It was noted that the use of the injured worker's topical creams, in conjunction with nabumetone, provided pain relief. It was noted that the request for cyclobenzaprine was denied secondary to a lack of evidence of continued spasming clearly responding to this type of medication. The treating provider noted in his letter of appeal that the injured worker has been on this medication for an extended duration and only uses this

medication in the evening secondary to side effects and that the requested medication was effective in reducing muscle tension and spasms; and without the medication, the injured worker had an increase in symptoms. It was documented that the requested Sentra PM was not authorized due to a lack of medical efficacy or benefit for these combination medications when added to conventional medications. In his letter of appeal, the treating provider indicated that this medication was provided to the injured worker as a sleep aid due to sleep disturbances secondary to chronic pain. It was noted that the injured worker did not take this medication on a regular basis, and it was an effective tool in managing the injured worker's sleep cycle. It was documented that the request for capsaicin cream was denied due to failure to document that other first-line treatments had failed to provide symptom relief. It was documented that the injured worker had failed to respond to naproxen, a Flector patch, tramadol and other physical modalities, including corticosteroid injections. It was also noted that the requested medication, Synovacin glucosamine was denied due to a lack of medical necessity. This was not addressed in the letter of appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRA PM MEDICAL FOOD #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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, MEDICAL FOOD.

Decision rationale: The requested Sentra PM medical food #60 was not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address the use of these types of medications. The Official Disability Guidelines recommend medical foods when there are nutritional deficits that would benefit from this type of medication therapy. The clinical documentation indicates that the injured worker was provided with this medication due to sleep deficits that improve with the use of this medication. However, an adequate assessment of the injured worker's sleep hygiene was not provided to support the continued used of this medication. As such, the requested Sentra PM medical food #60 is not medically necessary or appropriate.

RETRO DICLOFENAC SODIUM 1.5% 60 GRAMS #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 111

Decision rationale: The retrospective request for diclofenac sodium 1.5% 60 gm #12 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that the use of topical nonsteroidal anti-inflammatory drugs be limited to a duration of 4 weeks as the effectiveness tends to diminish after that duration of time. The clinical documentation does indicate that the injured worker has been taking this medication since 02/2013. Therefore, the continued use of this medication would not be supported. As such, the retrospective diclofenac sodium 1.5% 60 gm #12 is not medically necessary or appropriate.

RETRO PANTOPROZOLE-PROTONIX 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 68

Decision rationale: The retrospective request for pantoprazole Protonix 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of gastrointestinal protectants be based on documentation that the injured worker is at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that the injured worker continues to be at risk for developing gastrointestinal disturbances related to medication usage. Therefore, the continued use of this medication would not be supported. As such, the retrospective request for pantoprazole Protonix 20 mg #60 is not medically necessary or appropriate.

RETRO CAPSAICIN 0.075% CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, , 111

Decision rationale: The retrospective request for capsaicin 0.075% cream is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend a formulation of capsaicin beyond 0.025% as an appropriate treatment option. Additionally, the use of capsaicin as a topical analgesic is only recommended by the California

Medical Treatment Utilization Schedule for injured workers who have failed other first-line medications, to include antidepressants and anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to antidepressants or anticonvulsants. Therefore, the use of this medication would not be supported. As such, the retrospective request for capsaicin 0.075% cream is not medically necessary or appropriate.

RETRO SYNOVACIN GLUCOSAMINE SULFATE 500MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION GLUCOSAMINE Page(s): 50.

Decision rationale: The retrospective request for Synovacin glucosamine sulfate 500 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends this type of medication in the management of osteaorthritic joint pain. The clinical documentation submitted for review does not provide any evidence of osteoarthritic joint pain. There are no actual deficits noted within the documentation that would benefit from this type of medication. As such, the retrospective request for Synovacin gluocosamine sulfate 500 mg #90 is not medically necessary or appropriate.