

Case Number:	CM13-0070179		
Date Assigned:	01/08/2014	Date of Injury:	01/03/2004
Decision Date:	04/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 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 presented with a date of injury of 1/3/04. A utilization review determination dated 12/16/13 recommends non-certification of Norco, Prilosec, Tizanidine, Tramadol, Fluriflex, TGIce, urinalysis drug screen, and Cartivisc. A Kronos back brace and 8 Physical therapy sessions were conditionally non-certified. 10/25/13 medical report identifies low back pain with more frequent flare ups. He could not get out of bed for a week approximately one month earlier. He has radiating symptoms to the bilateral lower extremities and left sciatica. On exam, there was lumbar spine tenderness and spasm along with limited ROM and positive SLR bilaterally. 7/1/13 drug testing was inconsistent as hydrocodone was prescribed, but not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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. Guidelines go on to 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 Norco is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The request for Norco 10/325 mg # 120 is not medically necessary and appropriate.

PRILOSEC 20 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): 68-69.

Decision rationale: Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The request for Prilosec 10/325 mg # 60 is not medically necessary and appropriate.

TIZANIDINE 4 MG #120: 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: Regarding the request for Tizanidine, the MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment, as recommended by guidelines. The request for Tizanidine 4 mg # 120 is not medically necessary and appropriate.

TRAMADOL 50 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): 76-79.

Decision rationale: Regarding the request for Tramadol, California MTUS Chronic Pain Medical Treatment Guidelines state that, 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. Guidelines go on to 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 Tramadol is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The request for Tramadol 50 mg # 60 is not medically necessary and appropriate.

FLURIFLEX CREAM 180 GM: 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: Regarding the request for Fluriflex, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: "Not recommended as there is no evidence to support use." Based on the medical records provided for review this was not been documented. Muscle relaxants are not supported by the California MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. The request for Fluriflex 180 gm is not medically necessary and appropriate.

TGICE (TRAMADOL/GABAPENTIN/MENTHOL/CAMPBOR 8/10/2/2%) CREAM 180 GM: 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: Regarding the request for TGIce, California MTUS cites that Gabapentin is not supported for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. The request for TGIce is not medically necessary and appropriate. The request for TGICE (Tramadol/Gabapentin/Menthol/Camphor 8/10/2/2%) cream 180 gm is not medically necessary and appropriate.

URINALYSIS DRUG SCREEN: 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 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for urinalysis drug screen, California MTUS and Official Disability Guidelines (ODG) support it for patients undergoing chronic opioid therapy. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of current risk stratification to support the proposed frequency of testing. The request for a urinalysis drug screen is not medically necessary and appropriate.

CARTIVISC 500/200/150 MG #90: Upheld

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

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

Decision rationale: Regarding the request for Cartivisc, California MTUS supports the use of glucosamine and chondroitin as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no documentation of osteoarthritis. The request for Cartivisc 500/200/150 mg #90 is not medically necessary and appropriate.