MAXIMUS Federal Services

Case Number:	CM13-0071218		
Date Assigned:	01/08/2014	Date of Injury:	01/22/1997
Decision Date:	06/05/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Anesthesiology, 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 has filed a claim for L4-S1 disc disease with central stenosis at L3-4 and L4-5 associated with an industrial injury date of January 22, 1997. Thus far, the patient has been treated with opioids, NSAIDs, muscle relaxants, Effexor XR, Neurontin, Lexapro, Medrox patches, Lidoderm, Ambien, topical compounds, Flector patch, and injections. Current medications include Ambien, Terocin, Lortab, Tramadol, Flector patch, and Prilosec. Patient currently does not use Naproxen due to upcoming ankle surgery. Review of progress notes indicates low back and right upper extremity pain. There is allodynia of the right upper extremity, and patient is overweight. Patient is able to perform activities of daily living with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: Pages 111-112 of MTUS Chronic Pain Medical Treatment Guideline state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. Patient has been on this medication since September 2013. The patient does not meet indications for use of Flector patches as patient does not have acute strains, sprains, or contusions. There is also no indication as to why the patient is unable to tolerate oral medications. The requested quantity is not specified. Therefore, the request for Flector patch is not medically necessary per the guideline recommendations of MTUS.

AMBIEN CR 12.5 MG: 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)-TWC, and Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Ambien (Zolpidem Tartrate).

Decision rationale: According to ODG Pain Chapter, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. The patient has been on this medication since at least December 2012. Medication use has already exceeded guideline recommendations, and there is no documentation regarding insomnia or sleep difficulties in this patient. The requested quantity is not specified. Therefore, the request for Ambien CR 12.5mg is not medically necessary per the guideline recommendations of ODG.

PRILOSEC: Upheld

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

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

Decision rationale: Page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines supports proton pump inhibitors in the treatment of patients with GI disorders such as: gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient has been on a proton pump inhibitor since March 2013, and on this medication since November 2013. The requested quantity and dose is not specified. There is no documentation of adverse GI symptoms in this patient, and the patient is not on NSAID therapy as of this time. Therefore, the request for Prilosec is not medically necessary per the guideline recommendations of MTUS.

LORTAB 7.5/500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted on pages 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since December 2012. Although there is documentation of opioid use monitoring, there is no documentation regarding objective, symptomatic and functional improvements derived from this medication. The requested quantity is not specified. Therefore, the request for Lortab 7.5/500mg is not medically necessary per the guideline recommendations of MTUS.

TEROCIN TOPICAL 2.5%-25% LOTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28, 105, 111-112..

Decision rationale: Terocin contains 4 active ingredients: Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The patient has been on this medication since at least December 2012. There is no clear rationale for the necessity of a topical medication and certain components of this medication are not recommended for topical use in this patient. Therefore, the request for Terocin topical lotion 2.5 - 25% lotion is not medically necessary per the guideline recommendations of MTUS.

NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since March 2013. There is note that the medication has been discontinued due to an upcoming ankle surgery, with date unspecified. Also, the requested quantity is not specified. Although this medication is a reasonable option for pain management, it is unclear as to when this medication is to be restarted pending ankle surgery. Therefore, the request for Naproxen 550mg is not medically necessary at this time per the guideline recommendations of MTUS.