

Case Number:	CM13-0072704		
Date Assigned:	01/24/2014	Date of Injury:	02/02/2002
Decision Date:	06/06/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	12/31/2013

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 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 injured worker is a 42 year old male who reported an injury on 02/02/2002 secondary to an unknown mechanism of injury. According to the documentation submitted for review, the injured worker has been treated with Celebrex, Amrix, Percocet, Trileptal, and Prilosec, and Nuvigil since at least 12/18/2012 and has also been treated with plasma injections, a (TENS) (transcutaneous electrical nerve stimulation) unit, and home exercise. The injured worker reported that he stopped taking his Celebrex in 09/2013 due to gastrointestinal distress. Celebrex was discontinued at that time. Other medications at that time were noted to include Lidocaine ointment. On 10/22/2013, the injured worker reported continued stomach upset with the use of his medications, and Cytotec was prescribed as well as Flector. As of the clinical note on 11/19/2013, the injured worker was noted to be using Celebrex again. The injured worker was evaluated on 12/17/2013 and reported worsening low back pain of unknown severity without access to his medications. On physical exam, he was noted to have moderate paralumbar myospasm. Diagnoses were noted to included neuralgia/radiculitis, myospasm, degenerative disc disease of the lumbar and sacral discs, and muscular atrophy. The most recent drug screen on 12/17/2013 revealed negative results for all substances, and it was noted that the injured worker did not have access to his medications. A request for authorization was submitted on 12/17/2013 for Prilosec 20mg, Amrix 15mg, Cytotec 200mcg, Flector patch 1.3%, Lidocaine 5% ointment, Nuvigil 250mg, and Percocet 5/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC DR 20MG 1-2 QD (RX:7/02/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: The request for Prilosec DR 20mg 1-2 tabs daily is not medically necessary. Chronic Pain Medical Treatment Guidelines do not recommend a proton pump inhibitor with the use of NSAIDS unless the injured worker is at a high risk for gastrointestinal events and/or has a history of gastrointestinal events to include peptic ulcers, gastrointestinal bleeding or perforation. There is no evidence that the injured worker has a history of gastrointestinal events according to the medical records submitted for review. Furthermore, while the injured worker did report gastrointestinal upset with medications, it was noted that he continued to have gastrointestinal upset with ongoing use of Prilosec and the discontinuation of the NSAID he was taking at that time. Therefore, clinical findings and subjective complaints suggest that the injured worker does not benefit from this medication. As such, the request for Prilosec DR 20mg 1-2 tabs daily is not medically necessary.

AMRIX CAPSULE 15MG 1 CAP AT BEDTIME PM (RX: 07/02/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63.

Decision rationale: The request for Amrix Capsule 15mg 1 cap at bedtime is not medically necessary. Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. It is not recommended for use longer than 2-3 weeks as prolonged use may lead to diminished efficacy and dependence. The injured worker has used Amrix since at least 12/18/2012 according to the documentation submitted for review, which is excessive according to evidence-based guidelines. Furthermore, there is a lack of documented evidence to indicate quantifiable pain relief or objective functional improvement with the use of this medication. As such, the request for Amrix Capsule 15mg 1 cap at bedtime is not medically necessary.

CYTOTEC TABLET 200MCG 1 TAB BID PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/cytotec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs, GI Symptoms & Cardiovascular Risk, Page(s): 68.

Decision rationale: The request for Cytotec tablet 200mcg 1 tab BID PRN is not medically necessary. Chronic Pain Medical Guidelines do not recommend a Cytotec with the use of NSAIDS unless the injured worker is at a high risk for gastrointestinal events and/or has a history of gastrointestinal events to include peptic ulcers, gastrointestinal bleeding or perforation. There is no evidence that the injured worker has a history of gastrointestinal events according to the medical records submitted for review. Although, the injured worker did report gastrointestinal upset with medications, there is a lack of documented evidence to indicate significant relief of gastrointestinal symptoms with the use of this medication. Furthermore, the guidelines state that Cytotec has been reported to have multiple adverse gastro-intestinal side effects. As such, the request for Cytotec tablet 200mcg 1 tab BID PRN is not medically necessary.

FLECTOR PATCH 1.3%, 1/DAY AS DIRECTED: 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: The request for Flector Patch 1.3%, 1 per day as directed is not medically necessary. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed. These guidelines also state that topical (NSAIDS non-steroidal anti-inflammatory drugs) such as Flector are not recommended for neuropathic pain or chronic musculoskeletal pain as there are no long-term studies of their effectiveness or safety. Flector contains diclofenac, which has not been evaluated for treatment of the spine. Furthermore, the injured worker has used Flector since at least 10/22/2013 according to the medical records submitted. There is a lack of documented evidence of quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. As such, the request for Flector Patch 1.3%, 1 per day as directed is not medically necessary.

LIDOCAINE HCI OINTMENT 5% TOPICAL APPLY TWICE A DAY: 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: The request for Lidocaine HCL ointment 5% topical twice a day is not medically necessary. Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed. Lidoderm is the only topical formulation of Lidocaine currently supported by evidence-based guidelines. Furthermore, the injured worker has used Lidocaine ointment since at least 09/2013 according to the medical records submitted. There is a lack of documented evidence of quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. As such, the request for Lidocaine HCL ointment 5% topical twice a day is not medically necessary.

NUVIGIL TABLET 250MG 1 TAB QD (RX: 7/30/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/nuvigil.

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, Armodafinil (Nuvigil).

Decision rationale: The request for Nuvigil tablet 250mg 1 tab daily is not medically necessary. Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. These guidelines also state that Nuvigil should be used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no documented evidence that the injured worker has a history of narcolepsy or shift work sleep disorder. As such, the request for Nuvigil tablet 250mg 1 tab daily is not medically necessary.

NUVIGIL TABLET 250MG 1 TAB QD (RX: 7/02/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/nuvigil.

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, Armodafinil (Nuvigil).

Decision rationale: The request for Nuvigil tablet 250mg 1 tab daily is not medically necessary. Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. These guidelines also state that Nuvigil should be used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is no documented evidence that the injured worker has a history of narcolepsy or shift work sleep disorder. As such, the request for Nuvigil tablet 250mg 1 tab daily is not medically necessary.

PEROCET TABLET 5-325MG 1 TAB Q4H PRN PAIN (RX:7/30/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Percocet tablet 5-325mg 1 tab every 4 hours as needed for pain is not medically necessary. Percocet contains oxycodone and acetaminophen Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker has used Percocet since at least 12/18/2012 according to the medical records submitted. There is a lack of documented evidence of quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. As such, the request for Percocet tablet 5-325mg 1 tab every 4 hours as needed for pain is not medically necessary.

PEROCET TABLET 5-325MG 1 TAB Q4H PRN PAIN (RX: 7/02/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Percocet tablet 5-325mg 1 tab every 4 hours as needed for pain is not medically necessary. Percocet contains Oxycodone and Acetaminophen. Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker has used Percocet since at least 12/18/2012 according to the medical records submitted. There is a lack of documented evidence of quantifiable pain relief and/or functional improvement with the injured worker's use of this medication. As such, the request for Percocet tablet 5-325mg 1 tab every 4 hours as needed for pain is not medically necessary.