

Case Number:	CM14-0002976		
Date Assigned:	01/29/2014	Date of Injury:	11/07/2003
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 [REDACTED] employee who has filed a claim for lumbago, chronic right lower leg regional pain syndrome, and bilateral carpal tunnel syndrome associated with an industrial injury of November 07, 2003. Thus far, the patient has been treated with NSAIDs, opioids, Soma, muscle relaxants, Lidoderm, Lyrica, Gabapentin, Venlafaxine, Quetiapine, Clonidine, Toradol injections, Dexamethasone injections to bilateral carpal tunnels, and spinal cord stimulator placement. Of note, the patient had a pre-existing fracture to the right leg in 1991 with placement of an intermedullary rod and partial removal of the rod and screws in 2005. A review of progress notes reports significant improvement with three injections to both carpal tunnels, low back pain radiating into the left leg and groin region and constant burning pain in the right leg with occasional cramping of the calf muscle and swelling of the calf, ankle, and foot, with occasional numbness and tingling of the foot and toes. Findings include tenderness over both carpal tunnels with positive Phalen's sign bilaterally, moderate lumbar tenderness with positive straight leg raise test, and diffuse edema of the right foot and ankle with mild cyanotic changes without vasomotor or pseudomotor findings. Neurodiagnostic evaluation of the upper extremities dated June 27, 2006 showed moderate carpal tunnel syndrome of the wrist. The utilization review dated December 26, 2013 indicates that the claims administrator denied a request for Protonix as patient does not have risk factors for gastrointestinal events, and Lidoderm 5% as overall efficacy and safety have not been established. There is modified certification for Norco to #80 as there is no documentation of maintained increase in function or decreasing pain with this medication, and for #90 of Flexeril as there is no documentation of an increase in function or decreasing pain with his medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10.325MG #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 78-81.

Decision rationale: As noted on page 78-81 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 at least June 2007. There is however no documentation of objective increase in functions or decrease in pain in this patient. Therefore, the request for Norco 10/325mg #160 was not medically necessary per the guideline recommendations of California MTUS.

FLEXERIL 7.5MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 & 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 63-66.

Decision rationale: As stated in California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. The patient has been on this medication since at least June 2007. It is unclear whether the patient has been taking this continuously or if there were periods of discontinuation. There is no documentation regarding improvement in function and acute exacerbations of pain. This medication is also not recommended for long-term use. Therefore, the request for Flexeril 7.5mg #180 was not medically necessary per the guideline recommendations of California MTUS.

PROTONIX 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. The patient has been on PPIs (Aciphex) since at least June 2007, Omeprazole since March 2013, and this medication since November 2013. Notes indicate that use of this medication is due to gastritis secondary to NSAID use. However, patient has not been on NSAID for over a year. In addition, there is no documentation regarding adverse gastrointestinal symptoms or any risk factors in this patient. Therefore, the request for Protonix 20mg was not medically necessary per the guideline recommendations of California MTUS.

LIDODERM 5% #1 BOX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The patient has been on this medication since December 2013. The patient has previously taken first-line medications such as Gabapentin, Lyrica, and Venlafaxine, but there is no documentation regarding failure or intolerance to these medications or indication of the reason for discontinuation. It is unclear whether there is failure of or if the patient is unable to take these first-line medications. Therefore, the request for Lidoderm 5% was not medically necessary per the guideline recommendations of California MTUS.