MAXIMUS Federal Services

Case Number:	CM14-0003074		
Date Assigned:	01/31/2014	Date of Injury:	05/14/2010
Decision Date:	11/03/2014	UR Denial Date:	12/20/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 35 year old patient had a date of injury on 5/14/2010. The mechanism of injury was not noted. In a progress noted dated 12/2/2013, the patient complains of persistent low back pain. She has pain down the leg with numbness, tingling, and weakness, especially in the ankle. She has undergone injections as well as therapy with no significant relief. She is currently not working, and recently involved in a motor vehicle accident with exacerbation of her pre-existing condition. On a physical exam dated 12/2/2013, she has tenderness along anterior talofibular ligament on the right as well as tenderness along lumbar paraspinal muscles and pain with facet loading. The diagnostic impression shows discogenic lumbar condition with disc disease at L4-L5 and L5-S1, nerve studies being negative but now surge of pain. Treatment to date: medication therapy, behavioral modification. A UR decision dated 12/20/2013 denied the request for Norco 10/325mg #120, stating there was no evidence of functional improvement or decrease in pain noted. Neurontin 600mg #90 was denied, stating no there was no evidence of functional improvement or decrease in pain noted. Voltaren 100mg #30 was denied, stating there was no evidence why OTC NSIADS could not be used. Protonix 20mg #60 was denied, stating there was no evidence this patient is at significantly increased risk for GI upset/bleed. Terocin Patch #20 was denied, stating that there was guideline criteria have not been met, and use in this patient's clinical scenario is not warranted.

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): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in a progress note dated 12/2/2013, there was no evidence of objective functional improvement noted from the opioid regimen. Furthermore, there was no evidence of urine drug screens provided for review. Therefore, the request for Norco 10/325 #120 is not medically necessary.

VOLTAREN 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. ODG states that Voltaren is not recommended as first line due to increased risk profile. Furthermore, there was no evidence of functional improvement noted from the analgesic regimen in the 12/2/2013 progress report, and this patient has been on Voltaren since at least 9/17/2013. Therefore, the request for Voltaren 100mg #30 is not medically necessary.

NEURONTIN 600 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In a progress report dated 12/2/2013, the patient demonstrates evidence of neuropathic pain, as he

complains of persist low back pain radiating down the leg with numbness, tingling and weakness. Therefore, the request for Neurontin 600mg #90 is medically necessary.

PROTONIX 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.

Decision rationale: CA MTUS and the FDA support 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. However, in a progress note dated 12/2/2013, there was no evidence that this patient suffered from gastrointestinal events. Furthermore, the UR decision dated 12/20/2013, Voltaren was denied, and there would be no need for gastrointestinal prophylaxis. Therefore, the request for Protonix 20mg #60 is not medically necessary.

TEROCIN PATCH #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, in a progress note dated 12/2/2013, there was no discussion regarding failure of first line oral analgesics, and the patient continues to use Neurontin. Therefore, the request for Terocin Patch #20 is not medically necessary.