

Case Number:	CM14-0004074		
Date Assigned:	01/31/2014	Date of Injury:	08/20/2003
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 Pain Medicine and is licensed to practice in Florida. 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 65 year old female with a reported date of injury on 08/20/2003. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of pain to the left neck, arm, low back, and right knee. The urine drug screen dated 02/14/2013, revealed inconsistencies with the injured worker's prescribed medication regimen. According to the clinical note dated 11/22/2013 the injured worker's cervical range of motion demonstrated flexion and extension to 10 degrees. The injured worker's lumbar spine demonstrated flexion to 18 degrees and extension to 10 degrees, right knee range of motion to 135 degrees. The injured worker's diagnoses included cervical spine herniated disk, right knee medial and lateral meniscal tear and lumbar spine spondylosis. The injured worker's medication regimen included Norco, Valium, Zanaflex, tramadol, cyclobenzaprine, Colace and flurbiprofen-lidocaine topical medication. The request for authorization for valium 10mg #60, fexmid 7.5mg #60, Ultram ER 150mg #60, Colace 100mg #60, voltaren XR 100mg #60, flurbiprofen 120gm tube of 30gm and Norco 10/325mg #60 was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The CA MTUS guidelines do not recommend benzodiazepines due to the rapid development of tolerance and dependence. According to the guidelines, there appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasms. The clinical information provided for review lacks documentation indicating the use of valium increases the injured workers functional ability. In addition, the injured worker has utilized Valium for at least one year, according the documents available for review. The continued use of Valium would exceed the guideline recommendation for a short period of use. Therefore, the request for valium 10mg #60 is not medically necessary and appropriate.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The clinical information provided for review lacks documentation indicating the use of the medication increases the injured workers functional ability. In addition, the injured worker has utilized Fexmid for at least one year, according to the documents available for review. The guidelines recommend cyclobenzaprine as an option for a short course of therapy. The request exceeds the guideline recommendations. Therefore, the request for fexmid 7.5mg #60 is is not medically necessary and appropriate.

ULTRAM ER 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend opioids for use in pain management. The on-going management of opioid use should include on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain and increased level of function, or improved quality of life. The guidelines also recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The clinical information provided for review lacks documentation indicating the use of the medication increases the injured workers functional ability. The provider did not include an adequate and complete assessment of

the injured workers pain. Therefore, the request for Ultram ER 150mg #60 is not medically necessary and appropriate.

COLACE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: According to the CA MTUS guidelines when initiating treatment with opioids prophylactic treatment of constipation should be initiated. According to the documentation provided for review the injured worker has utilized opioids for over one year. There is a lack of documentation regarding constipation or GI upset. The injured worker has utilized Colace for at least one year, according to the documentation available for review. There is a lack of objective findings regarding the use of or need for Colace. Therefore, the request for Colace 100mg #60 is not medically necessary and appropriate.

VOLTAREN XR 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & Adverse Effects Page(s): 70-72.

Decision rationale: According to the CA MTUS guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) are recommended with caution. All Non-Steroidal Anti-Inflammatory Drugs (NSAID) are associated with the risk of adverse cardiovascular events, including MI, stroke and new onset or worsening of pre-existing hypertension. The CA MTUS recommend Voltaren®-XR 100 mg once daily for chronic therapy. Voltaren®-XR should only be used as chronic maintenance therapy. The clinical information provided for review lacks documentation of functional deficits and level of pain. There is a lack of clear documentation provided as to the rationale for the addition of Voltaren to the injured worker's medication regimen. Therefore, the request for voltaren XR 100mg #60 is not medically necessary and appropriate.

FLURBIPROFEN 120 GM TUBE OF 30 GM: 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.

Decision rationale: According to the CA MTUS guidelines topical analgesics are recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. The guidelines recommend 200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300 mg/day and the maximum divided dose is 100 mg. The clinical information provided for review lacks documentation indicating the use of the medication increases the injured workers functional ability. In addition, due to this medication being topical, the request does not address the amount of medication to be and the number of times per day the injured worker is to utilize Flurbiprofen. The clinical information provided for review lacks documentation of antidepressants or anticonvulsants being utilized before the introduction of Flurbiprofen. Therefore, the request for flurbiprofen 120 gm tube of 30gm is not medically necessary and appropriate.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The CA MTUS guidelines recommend opioids for use in pain management. The on-going management of opioid use should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain and increased level of function, or improved quality of life. The guidelines also recommend the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The clinical information provided for review lacks documentation indicating the use of the medication increases the injured workers functional ability. Therefore, the request for Norco 10/325mg #60 is not medically necessary and appropriate.