

Case Number:	CM14-0105592		
Date Assigned:	08/06/2014	Date of Injury:	06/02/2009
Decision Date:	10/02/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine & 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 62-year-old female who sustained an injury on 06/02/09. According to 06/16/14 report, the patient complained of persisting cervical, thoracic, and bilateral shoulder and bilateral knee pain. Exam showed decreased cervical spine motion with pain, spasms and guarding. There was increased muscle spasm. There was palpable tenderness to the cervical and thoracic paravertebral muscles, noting hypertonicity and guarding. Numbness was noted in both arms and over bilateral lower extremities. Wartenberg pinwheel revealed slightly diminished dermatomal patterns over C6 and C7. L5 and S1 dermatomes were also diminished by Wartenberg pinwheel with mild lumbar paraspinal hypertonicity indicating muscle spasm and guarding. Left knee revealed positive McMurray. She ambulated with pain, but without assistance. She reported flare-ups occur with activities such as bending, stooping, squatting, and prolonged standing and walking. On exam of 06/11/14 the patient complained of gastric irritation and sleep disturbance. The patient reported that pain level decreased to a 5/10 with oral medication. The patient reported that Flexeril, Norco, Prilosec, Prozac, Relafen, Lidoderm patch, and Tylenol #3 did provide tolerable relief to perform home exercise program. However, without the medications, the pain becomes intolerable. In light of increased intermittent flare-ups, recommendations for topical medications were requested to decrease the need for oral medication. The request for Prilosec 20 mg #60 w/ 5 refills; Prozac 20 mg #30 w/ 5 refills; Relafen 750 mg #60 w/ 5 refills; Lidoderm Patches 5% #60 w/ 5 refills; Norco 5/325 mg #60 w/ 5 refills; Tylenol #3 #30; and Flexeril 5 mg 1 p.o. b.i.d. p.r.n. #60 was denied on 07/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 w/ 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events; Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. There is no evidence of significant dyspepsia unresponsive to change in cessation or change of NSAID or PPI. Furthermore, Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Thus, the request for Prilosec is not medically necessary.

Prozac 20mg #30 w/ 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental

Decision rationale: Per guidelines, Prozac is recommended as a first-line treatment option for major depressive disorder. In this case, there is no documentation of symptoms of depressive mood disorders and there is no diagnosis of Major depression. Furthermore, there is no documentation of any significant improvement in function with prior use. Therefore, the request is not medically necessary.

Relafen 750mg #60 w/ 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 72.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for

low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with specific use of this medication. In the absence of objective functional improvement, the request for Relafen is not medically necessary.

Lidoderm Patches 5% #60 w/ 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics "Lidocaine" is 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). In the absence of documented obvious improvement on the requested medication, the request is not medically necessary according to the guidelines. Other indications are considered off label. In this case, there is no documentation of neuropathic pain. There is no evidence of trial of first line therapy. There is no documentation of any significant pain relief (i.e. VAS) specific with its use. Therefore, the request is not medically necessary.

Norco 5/325mg #60 w/ 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no significant improvement in pain level (i.e. VAS) and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. The IW is

also on Tylenol + Codeine; concurrent use of opioids is not recommended. Therefore, the request for Norco is not medically necessary.

Tylenol #3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: Per CA MTUS guidelines, Tylenol # 3 (Tylenol with Codeine) is classified as schedule III. Codeine is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no significant improvement in pain level (i.e. VAS) and function with continuous use of this medication. There is no documentation of drug urine screen to monitor compliance. The injured worker is also on Norco; concurrent use of opioids is not recommended. Therefore, the request for Tylenol # 3 is not medically necessary.

Flexeril 5mg 1 PO BID - PRN #60: Upheld

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

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

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm refractory to first line treatment. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. Therefore, the request for Flexeril is not medically necessary.