

Case Number:	CM14-0011330		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2010
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 41-year-old male who has filed a claim for postlaminectomy syndrome associated with an industrial injury date of October 28, 2010. Review of progress notes indicates an obese patient who presented with an acute exacerbation of low back pain necessitating a visit to the ED. Additional complaints include bilateral anterior thigh paresthesia with spasms. Symptoms were improved with steroid injection and Lidoderm patches. Patient also reports left posteromedial thigh pain upon weightbearing. Findings include decreased lumbar range of motion with guarding, and tenderness over the medial aspect of the left knee. Electrodiagnostic study of the left lower limb dated July 10, 2013 was normal. Treatment to date has included NSAIDs, opioids, muscle relaxants, Lyrica, gabapentin, lumbar spinal surgery in December 2011 with post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS 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. Patient has been on this medication since November 2010. The requested quantity and dosage is not specified. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Previous utilization review determination, dated January 09, 2014, has already certified this request for #30 over 2 months to start tapering. Therefore, the request for Vicodin is not medically necessary.

FEXMID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. Patient has been on this medication since June 2012. Although the patient presented with acute exacerbation of low back pain in December 2013, the patient was already on this medication. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, this medication is not recommended for chronic use, and the requested quantity and dosage is not specified. Therefore, the request for Fexmid was not medically necessary.

PRILOSEC: 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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA 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 includes 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. Patient has been on this medication since November 2010. Patient reports heartburn with use of Vicodin. However, the requested quantity and dosage is not specified, and the request for Vicodin was not authorized. Therefore, the request for Prilosec was not medically necessary.

TOPICAL LIDO 1.5%: 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): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines page 111 states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no discussion regarding the need for variance from the guidelines. Therefore, the request for topical lido 1.5% was not medically necessary.