MAXIMUS Federal Services

Case Number:	CM14-0012612		
Date Assigned:	02/21/2014	Date of Injury:	10/19/1999
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 54 year old male who sustained an injury on 10/19/1999. No specific mechanism of injury was noted. The injured worker has been followed for complaints of chronic low back pain. Prior treatment has included the use of multiple medications. The injured worker has also had prior epidural steroid injections completed. The most recent epidural steroid injection was completed on 10/01/13. Follow up on 11/08/13 noted the injured worker had persistent pain 3/10 on VAS with numbness radiating through the right lower extremity. The injured worker reported infrequent use of Norco as his symptoms had improved since the epidural steroid injection was completed. On physical examination no specific findings were noted. This was a limited physical examination. Medications, as of this visit, included Zantac, Ibuprofen, Flexeril, Atenolol, HCTZ, and Methotrexate. Zantac and Ibuprofen were filled at this visit. Follow up on 12/27/13 indicated the injured worker continued to receive more than 50% relief of his symptoms from the prior epidural steroid injection. As of this visit the injured worker was utilizing Norco 2-3 tablets per day and Flexeril as well as Ibuprofen as needed for pain. The injured worker was utilizing Zantac for stomach upset. Physical examination noted some tenderness to palpation over the right greater trochanteric bursa. The injured worker was recommended for a trochanteric bursal injection at this visit and possibly further physical therapy. Medications to include Methotrexate 20 mg, Norco 10/325 mg, Cyclobenzaprine 7.5 mg quantity 90, Atenolol 25 mg and HCTZ 25 mg were all denied by utilization review on 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHOTREXATE SOD 20MG VIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Methotrexate. (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Methotrexate 20 mg is not medically necessary. This medication is indicated in the treatment of gestational choriocarcinoma, chorioadenoma and a hydatidiform mole. Most of these conditions are secondary to cutaneous T-cell lymphoma as well as lung cancer. In this case, there is no indication that the injured worker has been diagnosed with any of these conditions. There is no evidence of ongoing rheumatoid arthritis or psoriasis which are other indications for this medication. Given the lack of any clinical indications for the use of methotrexate, this reviewer would not have recommended certification for this requested medication. The request is not medically necessary and appropriate.

NORCO 10-325MG MEDSX5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Norco 10/325mg, this reviewer would not have recommended this medication as medically necessary. The clinical documentation did not specify any significant functional improvement or medication reduction obtained with the use of this medication. The injured worker did have a recent reduction in Norco due to the efficacy of epidural steroid injections. Given the lack of any clear indication regarding the functional benefit or pain reduction with the use of Norco, this reviewer would not have recommended certification for ongoing use of this medication. The request is not medically necessary and appropriate.

CYCLOBENZAPRINE-FLEXERIL 7.5MG X 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regards to the use of Flexeril 7.5mg quantity 90, this reivewer would not have recommended this medication as medically necessary based on the clincial documentatin

provdied for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication. The request is not medically necessary and appropriate.

ATENOLOL 25MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Atenolol. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for Atenolol 25mg, the current clinical documentation did not discuss any of the injured worker's hypertension issues. Blood pressure was not identified in the recent clinical notes submitted. Given the lack of clinical evidence to support the ongoing use of this medication, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.

HYDROCHLOROTHIAZIDE 25MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: HCTZ. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In regards to the request for HCTZ 25mg, the current clinical documentation did not discuss any of the injured worker's hypertension issues. Blood pressure was not identified in the recent clinical notes submitted. Given the lack of clinical evidence to support the ongoing use of this medication, this reviewer would not have recommended certification for the request. The request is not medically necessary and appropriate.