

Case Number:	CM14-0012901		
Date Assigned:	02/24/2014	Date of Injury:	07/18/2013
Decision Date:	10/01/2014	UR Denial Date:	01/21/2014
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 Geriatrics and is licensed to practice in New York. 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 34 year old man with a date of injury of 7/18/13. He was seen by his physician on 1/13/14 with complaints of pain in his right knee and back. A knee MRI was reviewed and was said to be 'essentially normal' with a small joint effusion. He did not achieve any pain relief with medications. His medications included diclofenac, flexeril, lactulose, norco, omeprazole and tramadol/acetaminophen. His exam showed gait assisted by crutches. He had paravertebral muscle tenderness and spasms of the lumbar spine. Straight leg test was negative bilaterally and lumbar facet loading with positive bilaterally. His motor exam and reflexes were normal. His right knee showed restricted flexion to 45 degrees due to pain but normal extension. He was tender along the medial joint line and patella. He had a mild effusion in the joint and a negative McMurray's test. Voltaren gel was recommended for his knee pain as was a TENS unit. These are at issue in this review as well as refills of his prior medications- diclofenac, flexeril, lactulose, norco, omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS, UNSPECIFIED DURATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the request is for longer than the one month trial and it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not established.

DICLOFENAC SOD EC 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This 34 year old injured worker has chronic back and knee pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or discussion of side effects to justify ongoing use. The medical necessity of diclofenac is not substantiated.

FLEXERIL 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This 34 year old injured worker has chronic back and knee pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The medical records fail to document any improvement in pain, spasticity or functional status or discussion of side effects to justify ongoing use. The medical necessity of flexeril is not substantiated.

LACTULOSE 10GM/15ML SOLUTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference 67th ed

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: Uptodate: lactulose drug information

Decision rationale: This 34 year old injured worker has chronic back and knee pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Lactulose is a synthetic sugar which is used to treat constipation. The medical records fail to document any GI issues or constipation to support ongoing use. The medical necessity of lactulose is not substantiated.

OMEPROZOLE 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic knee and back pain. His medical course has included use of several medications including NSAIDs and opioids. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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 records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.

VOLTAREN GEL 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This 34 year old injured worker has chronic back and knee pain. His medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications including narcotics, NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not

recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. He is also already receiving systemic/oral NSAIDs. Regarding voltaren gel in this injured worker, the records do not provide clinical evidence to support medical necessity.