

Case Number:	CM14-0129177		
Date Assigned:	08/25/2014	Date of Injury:	05/19/2004
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/21/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52 year old male was reportedly injured on May 19, 2004. The most recent progress note, dated August 19, 2014, indicated that there were ongoing complaints of low back pain. The physical examination, noted with the prior clinical evaluation, identified a 5 feet 5" inches 200 pound individual who was hypertensive (133/99), antalgic gait pattern was reported, and the injured worker was able to walk on his heels and toes, limitation to the lumbar spine range of motion was noted, no specific neurological findings identified. Diagnostic imaging studies objectified changes consistent with a lumbar surgery. Previous treatment included multiple medications, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, and lumbar spine surgery and pain management interventions. A request was made for multiple medications and an orthopedic consultation and was not certified in the preauthorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Avinza 45mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-75, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no documentation of improvement in the respective pain level or objectified increase in the overall functionality with the current treatment regimen. In the absence of objective clinical data, this request is not medically necessary.

Docusate 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: Colace (Docusate) is a stool softener and useful for the treatment of constipation. There is no clinical indication for this medication, for this claimant. There is documentation of narcotic usage; however, there is no documentation of any complaints of constipation or similar side effects. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. Therefore, based on the clinical information presented, there is insufficient data to support the medical necessity of this medication.

Lyrica 100mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19, 99.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), this medication is documented to be effective in the treatment of diabetic neuropathy, postherpetic neuralgia and off label use for neuropathic pain disorders. A surgical intervention is noted that addresses the neuropathic lesion. Additional surgery is being discussed. Therefore, when noting the parameters of the pain, the findings on physical examination and the other data, there is an indication that some relief is obtained with this medication. Therefore, this medication is clinically indicated.

Cymbalta 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 105.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support Cymbalta as a first line treatment option for neuropathic pain, especially if tricyclic antidepressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records documents chronic pain. However, relief is being achieved with other medications. Therefore, this is redundant and not medically necessary.

Ibuprofen 400mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is indicated for the signs and symptoms of associated osteoarthritis. However, there is no demonstrated efficacy or utility with this medication. There is no increase in functionality objectified (albeit there are subjective declarations) and the inflammatory process has not been established. Therefore, based on the medical records presented for review, the medical necessity has not been established.

Omeprazole Dr 20mg, #60: 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 Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor (PPI) useful for the treatment of gastroesophageal reflux disease and can be considered a gastric protectorant for individuals utilizing nonsteroidal medications. However, when considering the date of injury, the injury sustained, the treatment rendered and the lack of specific complaints relative to the gastrointestinal tract, there is little clinical data presented to support the medical necessity of this medication. Therefore this request is not medically necessary.

An orthopedic consultation with [REDACTED] regarding both knees: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), consultations are obtained if the diagnosis is uncertain, actually complex, psychosocial factors are present or there may be additional benefit. It is noted that the bilateral knees have been treated and evaluated. The injured employee is wearing knee braces. It is not clear from these medical records what additional information would be obtained addressing the ordinary disease of life degenerative changes noted in the bilateral knees. This request is deemed not medically appropriate.