

Case Number:	CM14-0131789		
Date Assigned:	08/20/2014	Date of Injury:	09/17/2008
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 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 40-year-old female who reported injury on 09/17/2008 reportedly after she was stepping off a stool she sustained an injury to her left knee. The injured worker's treatment history included surgery, physical therapy, medications, and MRI studies. The injured worker was evaluated on 07/15/2014 and it was documented that the injured worker complained of low back and knee pain. Objective findings included her blood pressure was 110/77 with a pulse of 88. Tenderness along the joint line was noted as well as patella with weakness to resisted function. X-rays showed a 2 mm articular surface left on the left knee and 3 mm left on the right knee. Medications included Norco, Norflex, Voltaren, Protonix, and LidoPro cream. The provider failed to indicate VAS scale measurements while the injured worker is on the medications. The provider failed to indicate the provider had any gastrointestinal issues. Diagnoses included internal derangement of the knee on the left, internal derangement of the knee on the right, discogenic lumbar condition, deep vein thrombosis, and sleep stress. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg Slow Release #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine Norflex Page(s): 64-65.

Decision rationale: The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking Norflex and outcome measurements while on the medication. In addition, there was no conservative care measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Norflex 100 mg slow release # 60 is not medically necessary.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol & Opioids for Neuropathic Pain Page(s): 82, 113.

Decision rationale: The request for Ultracet 37.5 MG# 60 is not medically necessary. The Chronic Pain Medication Treatment Guidelines do not recommend Ultracet as a first line oral analgesic. The guidelines also states that for analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). A recent consensus guideline stated that opioids could be considered first line therapy for the following circumstances prompt pain relief while titrating a first line drug treatment of episodic exacerbations of severe pain and treatment of neuropathic cancer pain. The documents submitted indicated the injured worker having conservative care however, the outcome measurements were not provided. In addition, the provider failed to indicate injured worker longevity of pain relief after medication is taken. Additionally, the request failed to indicate frequency and duration of medication. As such, the request is not medically necessary.

Protonix #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. Prilosec/Protonix is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation did indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency, duration and dosage of medication on the request that was submitted. Their lack of documentation of conservative care measures such as, home exercise regimen however, the provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Protonix # 30 is not medically necessary.

Voltaren 100mg Slow Release #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Voltaren s used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Voltaren taken by the injured worker. The request for Voltaren did not include the frequency or duration. Given the above, the request for the Voltaren 100 mg slow release #30 is not medically necessary.