

Case Number:	CM14-0154713		
Date Assigned:	09/24/2014	Date of Injury:	06/18/2010
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 injured worker is a 59-year-old male who reported an injury on 06/18/2010. The injured worker worked as a psychiatric technician for a state hospital when he was assaulted by a psychiatric patient. The injured worker's treatment history included medications, EMG/NCV studies, neurological examination, and x-ray studies. The injured worker was evaluated on 06/12/2014, and it was documented that the injured worker complained of neck pain. On physical examination of the cervical spine revealed pain across the neck that radiated into the left upper extremity across the C6 distribution. He had decreased range of motion and pain with range of motion. An examination of the lumbar spine revealed lower back pain was still present. He had pain across his lower back with pain that radiated across from the left S1 distribution with a positive straight leg raise at 70 degrees on the right. Medications included Valium, Norco, temazepam, Zantac, and Terocin cream. Diagnoses included right knee internal derangement, lumbar spine sprain/strain, lumbar spine disc bulge L5-S1, cervical discogenic disease, cervical spine sprain/strain, industrially exacerbated hypertension, and anxiety and depression. The Request for Authorization dated 08/15/2014 was for Norco, Colace, Temezepam, Zantac and Anaprox DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. There was lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request submitted failed to include frequency and duration of medication. The injured worker has been on Norco since 2010 with no functional improvement. Given the above, the request for Norco 10/325 mg quantity: 180 is not medically necessary.

Temazepam 30 mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, 23, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for temazepam 30 mg, quantity #30 is not medically necessary.

Zantac 150 mg, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Drugs.com

Decision rationale: Per drugs.com, ranitidine is in a group of drugs called histamine-2 blockers, ranitidine works by reducing the amount of acid your stomach produces. The indications for ranitidine differ a little from other H2-blockers; however, compared to cimetidine, ranitidine is 5- 12 more as potent as a histamine receptor antagonist and has less affinity for the cytochrome P450 hepatic enzyme system. The documentation that was submitted failed to indicate the injured worker having gastro esophageal reflux and other conditions in which acid backs up from the stomach into the esophagus causing heartburn. Additionally, the request failed to indicate frequency and duration of medication. The request for Zantac 150 mg, quantity: #60 is not medically necessary.

Valium 10 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66, 23, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Valium 10 mg # 90 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted could determine duration of use for the prescribed Valium. Additionally, the request lacked frequency and duration of medication. As such, the request for Valium 10 mg, quantity: #90 is not medically necessary.

Terocin Cream 180 gm, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28; 112.

Decision rationale: The requested Terocin Lotion is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ...No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. California MTUS guidelines recommend treatment with topical salicylates. The request that was submitted failed to include body location where Terocin cream is supposed to be applied to the injured worker. As such, the request for Terocin cream 180 gm, quantity: #1 is not medically necessary.