

Case Number:	CM14-0159610		
Date Assigned:	10/03/2014	Date of Injury:	08/24/2008
Decision Date:	10/31/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 52-year-old female who reported an injury on 08/24/2008. Reportedly while working as a cashier for [REDACTED] she was lifting a bag of fertilizer when she felt immediate onset pain in her back. The injured worker's treatment history included physical therapy, pain medications, MRI studies, and surgery. Injured worker was evaluated on 08/18/2014 and it was documented that the injured worker complained of pain in her back. She rated her pain as 7/10 to 8/10 on the pain scale. Injured worker was also complaining of constipation secondary to the Norco use. Therefore, the provider will prescribe lactulose liquid as well as Xanax 0.5 mg for her anxiety. The provider noted the injured worker takes the Xanax on as needed basis and has not had any since 12/2013. The provider noted that pain was made better with rest and medication. The injured worker does take Norco which helps her pain from 8/10 down to 6/10. It was made worse with activities. Physical examination of the lumbar spine revealed decreased range of motion, there was tenderness over the paraspinals, greater than left. Kemp's test was positive bilaterally. There was decreased strength and sensation, 4/5 bilaterally at L4, L5 and S1. Deep tendon reflexes are 2+ bilaterally at patellar and Achilles tendons. Medications included diclofenac 3% topical cream, Norco 10/325 mg, Keratek gel, and lactulose 10 mg. Diagnoses included lumbar spine herniation with bilateral lower extremity radiculopathy, lumbar stenosis, and depression and anxiety. The Request for Authorization 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:

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition (web) 2011

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

Decision rationale: The request for urine drug screen is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however there was no indication how long the injured worker been on opioids. The guidelines recommends urine drug screen 1 a year unless there is suspicions of misuse/addiction. Given the above, the request for the urine drug screen is not medically necessary.

Diclofenac 3%- Lidocaine 5% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Diclofenac Page(s): 71,111-112.

Decision rationale: California MTUS indicate that topical analgesics are largely experimental in use with few randomized controlled 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... diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. 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. The documents submitted failed to indicate the injured worker has failed antidepressants and anticonvulsants. Additionally, the provider failed to indicate the injured worker having a diagnosis of neuropathic pain. As such, the request for diclofenac 3%-lidocaine 5% 180 gm is not medically necessary.

Norco 10-325mg #90: Upheld

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

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

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) 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 documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Request for Norco 10/325 mg #90 is not medically necessary.

Keratek Gel 4oz: Upheld

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

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

Decision rationale: The request for the Kera- Tek Gel is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Kera- Tek Gel contain Methyl Salicylate 28% and Menthol 16%. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided of outcome measurements conservative care such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Kera- Tek Gel would be applied. As, Kera-Tek Gel contains methyl salicylate and menthol which is not recommended, the proposed compounded product is not recommended. As such, the request for the Kera- Tek Gel 4 OZ containing 30% Methyl Salicylate is not medically necessary.

Lactulose 10mg/15ml: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends Lactulose for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Lactulose. However, the request that was submitted failed to

include frequency and duration of medication. As such, the request for lactulose 10 mg/15 mL is not medically necessary.

Xanax 0.5mg #60: Upheld

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

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

Decision rationale: The requested is not medically necessary. 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 was unclear of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. The documents that were submitted for review indicated the injured worker has not had a prescription for Xanax 0.5 mg since 12/2013. However, the documentation submitted on 03/20/2014 indicated the injured worker has been on Xanax since then. As such, the request for Xanax 0.5 mg #60 is not medically necessary.