

Case Number:	CM14-0167669		
Date Assigned:	10/15/2014	Date of Injury:	08/28/1999
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with an 8/28/99 date of injury. At the time (8/28/14) of request for authorization for Pennsaid 2% #1 bottle with 3 refills, Norco 10/325mg #90 with 3 refills, Ibuprofen 800mg #60 with 3 refills, Restoril 30mg #30 with 3 refills, and Valium 10mg #30, there is documentation of subjective (chronic low back and right shoulder pain) and objective (tenderness over mid thoracic as well as lumbosacral region, decreased lumbar range of motion, and hypoesthesia over plantar left foot) findings, current diagnoses (lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain), and treatment to date (medications (including ongoing treatment with Norco, Valium since at least 1/3/14, Restoril since at least 1/3/14, Ibuprofen, and Lipitor)). Medical report identifies that chronic pain medication regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Regarding Pennsaid 2% #1 bottle with 3 refills, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and an intention for short-term use (4-12 weeks). Regarding Norco 10/325mg #90 with 3 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of specific use of Norco. Regarding Ibuprofen 800mg #60 with 3 refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of specific use of Ibuprofen. Regarding Restoril 30mg #30 with 3 refills, there is no documentation of an intention for short-term (less than 4

weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Restoril use to date. Regarding Valium 10mg #30, there is no documentation of an intention for short-term (less than 4 weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% #1 bottle with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain. In addition, there is documentation of failure of an oral NSAID. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of a request for Pennsaid 2% #1 bottle with 3 refills, there is no (clear) documentation of an intention for short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Pennsaid 2% #1 bottle with 3 refills is not medically necessary.

Norco 10/325mg #90 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment

intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that chronic pain medication regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of specific use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 with 3 refills is not medically necessary.

Ibuprofen 800mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain. In addition, there is documentation of ongoing treatment with Ibuprofen; and chronic low back pain. However, despite documentation that chronic pain medication regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as result of specific use of Ibuprofen. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg #60 with 3 refills is not medically necessary.

Restoril 30mg #30 with 3 refills.: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain. In addition, there is documentation of ongoing treatment with Restoril. However, given documentation of records reflecting prescriptions for Restoril since at least 1/3/14, there is no documentation of an intention for short-term (less than 4 weeks) treatment. In addition, given documentation of ongoing treatment with Restoril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Restoril use to date. Therefore, based on guidelines and a review of the evidence, the request for Restoril 30mg #30 with 3 refills is not medically necessary.

Valium 10mg #30: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet arthrosis, mid thoracic back pain, and chronic cervical sprain/strain. In addition, there is documentation of ongoing treatment with Valium. However, given documentation of records reflecting prescriptions for Valium since at least 1/3/14, there is no documentation of an intention for short-term (less than 4 weeks) treatment. In addition, given documentation of ongoing treatment with Valium, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 10mg #30 is not medically necessary.