

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0169843 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 03/14/2004 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/14/2014 |

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/14/04 with injury to the right knee and low back. Treatments included right knee arthroscopic debridement surgery and multiple lumbar spine surgeries. She was seen on 04/16/14. She was having severe low back pain. Revision lumbar spine surgery was pending. Physical examination findings included decreased and painful lumbar spine range of motion with muscle spasms. There was positive straight leg raising with decreased lower extremity strength and sensation. There was tenderness over the facet joints and trochanteric bursa. Flector, Norco, and Ultracet were prescribed. Trigger point injections were performed. On 05/23/14 the claimant underwent a revision lumbar decompression and fusion. She had post-operative anemia and hypotension after surgery. She was seen by the requesting provider on 07/03/14. Physical examination findings included an elevated blood pressure. There was mild epigastric tenderness and lower extremity edema. Diagnoses included hypertension, gastritis, and anemia. Lisinopril was restarted and lab testing was ordered. On 10/01/14 she was compliant with her antihypertensive medication. The note references "good and bad days" with regards to her gastrointestinal symptoms. She had tried reducing Pantoprazole to 3-4 times per week but had increasing symptoms of heartburn. She was having bilateral knee pain. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

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

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She has undergone multiple lumbar spine surgeries, most recently in May 2014. She continues to be treated for low back and knee pain. Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, may also be useful for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. She has a history of gastroesophageal reflux and is taking pantoprazole with increased symptoms when trying to decrease the dose. Topical non-steroidal anti-inflammatory drugs (NSAIDs) have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. This is compared with a 15% incidence reported for oral NSAIDs. In this case, the dose is within that recommended for use and the quantity requested is consistent with the number being prescribed. Therefore, Flector was medically necessary.

Norco10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She has undergone multiple lumbar spine surgeries, most recently in May 2014. She continues to be treated for low back and knee pain. Norco (hydrocodone/ibuprofen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Neurontin 600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. She has undergone multiple lumbar spine surgeries, most recently in May 2014. She continues to be treated for low back and knee pain. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and therefore medically necessary.