

Case Number:	CM14-0172120		
Date Assigned:	10/31/2014	Date of Injury:	06/13/2001
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 71-year-old male who reported an injury on 06/13/2001 due to an unspecified cause of injury. The injured worker complained of burning in the quadriceps, bilaterally, and lumbar spinal pain. Diagnoses included a lumbosacral sprain/strain. Prior treatments included medication and home exercise. Urinalysis was performed on 05/15/2014. The objective findings dated 05/15/2014 of the lumbar spine revealed: a well healed incision; pain and tenderness over the hardware; range of motion was mildly limited; negative straight leg raise bilaterally; no obvious sensory deficits to the bilateral lower extremities; tendon reflexes at the knees were normal; left hip with some limited range of motion; obvious pain on full range of motion other than hip flexion however, noted for anterior thigh and hip pain; knees with full range of motion; no tenderness and negative McMurray's sign; 2+ pitting edema bilaterally in the lower extremities. The treatment plan included Motrin 800 mg, Norvasc 10 mg, hydrochlorothiazide 25 mg, Prilosec 20 mg, Norvasc 10/325 mg, Condrolite 5/200/150 mg, Flexeril 7.5 mg, "Venflaxine" 75 mg. The request for authorization dated 10/31/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Condrolite 500/200/150mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compound drugs Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/drugs/2/drug-157614/condrolite-oral/details/list-interaction-medication>

Decision rationale: The request for Condrolite 500/200/150mg #180 is not medically necessary. The Official Disability Guidelines do not recommend compound drugs as first line therapy. The criteria for compound drugs includes at least 1 drug substance or active ingredient that is a sole and active ingredient in the FDA approved prescription drug, not including over the counter drugs. The criteria also includes only bulk ingredients that are components of FDA approved drugs that have been made in an FDA registered facility and have the NCD code. Compound drugs should not include a drug that has been withdrawn or removed from the market for safety reasons. It is not a copy of a commercially available FDA approved drug product including a drug substance that has been supported as safe and effective for the prescribed indication by the FDA approved process and/or by adequate medical and scientific evidence of medical literature. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of compound drugs requires knowledge of the specific analgesic effect of each agent and how it will be useful in the specific therapeutic goal required. This medication also includes the drugs glucosamine and Coumadin which is an anticoagulant agent per www.medweb.com Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The request did not address the frequency. As such, the request is not medically necessary.

Flexeril 7.5mg #601: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Flexeril 7.5mg #601 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The clinical notes indicated that the injured worker had a urinalysis performed on 05/15/2014 that revealed Flexeril was prescribed, however the UR revealed negative findings for the Flexeril. Additionally, the request is for capsules/tablets which exceed the short course therapy. The requested did not indicate the frequency. As such, the request is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco ,Ongoing Management Page(s): 75,78.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation provided was not evident of measurable functions. The documentation did not address ongoing pain management. The activities of daily living were not addressed. The urinalysis dated 05/15/2014 indicated that the injured worker has not been taking Norco. The request did not indicate a frequency. As such, the request is not medically necessary.

Prilosec 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #120 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The clinical notes were not evident that the injured worker had a history of peptic ulcer, GI bleed, or perforation. The request did not address the frequency. As such, the request is not medically necessary.

HCTZ 25mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hypertension treatment

Decision rationale: The request for HCTZ 25mg #30 with 1 refill is not medically necessary. The official Disability Guidelines indicate that HCTZ is the first line, 3rd addition - Thiazide diuretic - Hydrochlorothiazide (HCTZ). The clinical note dated 05/15/2014 noted the injured worker has 2+ pitting edema to the bilateral lower extremities which is reasonable for a diuretic. However, the clinical notes were not evident of a diagnosis to support the use of a thiazide type diuretic. Additionally, the clinical notes did not provide documentation of the efficacy of the Hydrochlorothiazide. The request did not address the frequency of the hydrochlorothiazide. As such, the request is not medically necessary.

Norvasc 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hypertension treatment

Decision rationale: The decision for Norvasc 10mg #30 is not medically necessary. The Official Disability Guidelines recommend that blood pressure in DM be controlled to levels of 140/80, but 130 may be appropriate for younger patients if it can be achieved without undue treatment burden. The issue as to whether any one class is superior to another is no longer part of the decision-making process because most patients with DM need at least 2 to 4 drugs to achieve target blood pressure. Agents such as angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers are preferred given their renal and/or CVD benefits. Other agents such as vasodilating b-adrenergic blockers, calcium channel blockers, diuretics, and centrally-acting agents should be used as necessary. The documentation was not evident of the injured worker having a diagnosis of high blood pressure, and no objective findings suggesting an elevated blood pressure. Additionally, the request did not indicate the frequency. As such, the request is not medically necessary.

Motrin 800mg #60: Upheld

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

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

Decision rationale: The request for Motrin 800mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of nonsteroidal anti-inflammatories for arthritis, osteoarthritis, including knee and hip. Also the acute exacerbations of chronic lower back pain. The guidelines recommend nonsteroidal anti-inflammatories at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for individual therapy for the injured worker with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, and renovascular risk factors. The injured worker had been prescribed the Motrin since at least 05/15/2004, that may exceed the shortest period recommended. There is lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The request did not address the frequency of the medication. As such, the request is not medically necessary.

Venflaxine 75mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Venlafaxine (Effexor) Page(s): 123.

Decision rationale: The decision for Venlafaxine 75mg #30 with 2 refills is not medically necessary. The California MTUS Guidelines recommend serotonin norepinephrine reuptake inhibitors as an option for first line treatment in neuropathic pain, especially if Tricyclics are ineffective, poorly tolerated, or contraindicated. Venlafaxine has been FDA approved for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The provider did not document any diagnosis or history of neuropathic pain, diabetic neuropathy, fibromyalgia or headaches. Additionally, the request did not address the frequency of the medication. As such, the request is not medically necessary.