

Case Number:	CM14-0175683		
Date Assigned:	11/03/2014	Date of Injury:	05/06/2008
Decision Date:	12/08/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/24/2014

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 & 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 56-year-old female with a reported date of injury of 05/06/2008. The mechanism of injury was not stated. The current diagnoses include status post lumbar laminectomy on 07/10/2013, chronic pain syndrome, chronic neck pain, status post C4-5 ACDF in 2011, cervical radiculopathy, chronic low back pain, status post lumbar fusion at L4-5 in 12/2009, lumbar radiculopathy, extruded thoracic disc at T7-8, depression, anxiety, and left sided TMJ. Previous conservative treatment is noted to include physical therapy and medication management. The current medication regimen includes Norco 5/325 mg, Valium 5 mg, Nexium and topical compounded creams. The injured worker was evaluated on 09/03/2014 with complaints of 8/10 neck pain. The injured worker also reported a recent fall secondary to weakness. Physical examination revealed moderate discomfort, a slow gait, tenderness in the occipital region, limited cervical range of motion in all planes, moderate cervical paraspinal muscle and bilateral upper trapezius tenderness, normal motor strength and sensation in the upper extremities, a well-healed midline lumbar scar, mild left greater than right lumbosacral tenderness, limited lumbar range of motion in all planes, negative edema, and intact skin integrity. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker is currently utilizing Norco 5/325 mg. There is no indication that this injured worker is currently utilizing Vicodin 5/500 mg. The medical necessity for the requested medication has not been established. There was also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

Valium 5mg #30, 1 refill: 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 Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized this medication since 02/2014. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Flector patch 1.3% #30, 1 refill: 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)

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

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. Therefore, the current request cannot be determined as medically appropriate in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Nexium #30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no strength of frequency listed in the request. As such, the request is not medically appropriate.

Norco 5/325mg #60, 1 refill and Norco 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 02/2014 without any evidence of objective functional improvement. There is also no documentation of a written pain consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Zanaflex (Tizanidine HCL) 4mg #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. There is no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has continuously utilized this medication. The California MTUS Guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Compound Cream: Capsaicin/Menthol/Camphor/Tramadol/Gabapentin/Cyclobenzaprine: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Muscle relaxants are also not recommended. Therefore, the current request cannot be determined as medically appropriate in this case.

NSAID cream Flurbiprofen 10%, Cyclonezaprine 1%, Gabapentin 6%, Prilo 2% 240 grams with 1 refill: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Muscle relaxants are also not recommended. Therefore, the current request cannot be determined as medically appropriate in this case.