

Case Number:	CM14-0020849		
Date Assigned:	04/30/2014	Date of Injury:	09/24/1992
Decision Date:	07/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Illinois. 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 63-year-old male who reported an injury on 09/24/1992. The mechanism of injury was not provided within the submitted medical records. Within the progress note dated 01/09/2014, the injured worker reported back, leg, neck, and arm pain rated 7/10. The injured worker further stated that after the cervical neurotomies, the pain was "much improved". However, he continued to report high levels of pain following the procedure. The injured worker further stated that he was able to function and be more active, and was not limited to lying down. However, it did not indicate whether this was with or without the medication and specifically declare which functions and activity levels that the injured worker participated in. The medication list provided included Skelaxin 800 mg twice a day, Prevacid 30 mg once a day, Celebrex 200 mg twice a day, Percocet 60 mg 4 times a day, Flector patches once a day, and Lidoderm patches twice a day. The physical exam revealed limited cervical range of motion with painful facets at C5-6 and C6-7 with normal strength and sensation in the arms. The diagnoses included painful cervical disc, arthrodesis of the C-spine, cervical stenosis, and congenital spondylolisthesis. The request for authorization was dated 01/30/2014 for pain and gastrointestinal upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL WITH CODEINE 60 MG #120 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The request for Tylenol with codeine 60 mg #120 with 3 refills is non-certified. The CA MTUS guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain ratings and the limited pain assessments did not indicate whether the pain rating were done with or without medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

FLECTOR PATCHES #30 WITH 11 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine).

Decision rationale: The request for Flector patches #30 with 11 refills is non-certified. The Official Disability Guidelines do not recommend Flector patches as a first-line treatment. The guidelines further specify Flector patches as an FDA-approved medication for acute strains, sprains, and contusions. The injured worker presented with documentation of neuropathic pain along the C-spine. Additionally, the guidelines state topical diclofenac is recommended for osteoarthritis after a failure of an oral NSAID, or contraindications to oral NSAIDs. Without documentation of failure of the utilization of NSAIDs or an indication that the etiology of the pain is from osteoarthritis, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

LIDODERM PATCHES #60 WITH 11 REFILLS: Upheld

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

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

Decision rationale: The request for Lidoderm patches #60 with 11 refills is non-certified. The guidelines recommend lidocaine as a localized peripheral pain after there has been evidence of a

trial of first-line therapy and documentation that it had failed. The guidelines further state that additional research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Without the documentation that the etiology of the pain is from postherpetic neuralgia and evidence that there have been trials of first-line therapies including tricyclic or SNRI antidepressants that have been exhausted, the request cannot be supported by the guidelines. As such, the request is not medically necessary.

CELEBREX 200 MG 360 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: The request for Celebrex 200 mg #360 with 5 refills is non-certified. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain and the main concern for selection is based on the adverse effects with COX-2 NSAIDs having fewer GI side effects at the risk of increased cardiovascular side effects. The guidelines further state that there is no evidence of long-term effectiveness for pain or function. The injured worker has a documented usage of this medication for an extended period of time, which exceeds the guideline's recommendation of the short-term usage. Additionally, the documentation does not show the efficacy for the medication with or without the utilization of the medication objectively, nor does it objectively show that the medication was shown to have increased functional capacity. As such, the request is not medically necessary.

PREVACID 30 MG #30 WITH 11 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: The request for Protonix 20mg #60 is non-certified. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. Within the clinical notes reviewed there was a lack of documentation of any medication the injured worker was taking; hence, it is unable to be determined if any medication would warrant the use of a proton pump inhibitor. The injured worker also fails to fit the criteria of any gastrointestinal bleeding or perforation. Thus, the request is not medically necessary.