

Case Number:	CM14-0022042		
Date Assigned:	05/28/2014	Date of Injury:	09/16/2004
Decision Date:	07/15/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/21/2014

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 Acupuncture and Pain Medicine 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 patient is a 57 year old female injured worker with date of injury 9/16/04 with related pain in the cervical and lumbar spine. Per 1/17/14 progress report, she had spasm and pain over the left side of the lumbar spine into the left gluteal region. She had pain with prolonged sitting. She noted pain for both shoulders with reaching, lifting, pushing and pulling. She had numbness and tingling in the left leg. She had numbness and tingling for both hands. She had radiating pain extending down to both hands. She had weakness for both upper extremities. Imaging studies were not included in the documentation submitted for review. It is not stated whether physical therapy was utilized. She has been treated with medication management. The date of UR decision was 1/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100 MG #60: Overturned

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): 68, 71.

Decision rationale: With regard to NSAIDs, the California MTUS states they have "fewer effects than muscle relaxants and narcotic analgesics." Specifically, "Voltaren-XR: 100 mg PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy." A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Per the California MTUS guidelines, Voltaren is approved for use as chronic maintenance therapy. The request is medically necessary.

COLACE 100 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: California MTUS indicates that prophylactic treatment of constipation should be initiated with the use of opioids. The injured worker is being treated with opioids and per 7/29/13 progress report, has history significant for constipation. However, as the injured workers continued use of opioids was not found to be medically necessary, the request for prophylactic Colace is not medically necessary.

PRILOSEC 20 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per 7/29/13 progress report, the injured worker's history is significant for heartburn, as her medication regimen includes continued NSAID use, the request is medically necessary.

FLURBIPROFEN 25% TOPICAL CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: Per California MTUS with regard to topical Flurbiprofen, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety."The documentation submitted for review do not specifically address the efficacy of this treatment for the injured worker. As the California MTUS also cites a lack of evidence to their effectiveness or safety, the medical necessity of the request cannot be affirmed.

NORCO 10/325 MG #60/: 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): 78, 91.

Decision rationale: Per California MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." A review of the available medical records reveal no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The California MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) have been made; UDS reports dated 10/9/13, 12/13/13, and 1/29/14 were found to be inconsistent. There is no documentation comprehensively addressing pain relief and functional improvement in the records available for my review. As California MTUS recommends to discontinue opioids if there is no overall improvement in function, and in light of UDS inconsistencies medical necessity cannot be affirmed.

ALPRAZOLAM XR 0.5 MG #60: 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: With regard to benzodiazepines, California MTUS states "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The documentation submitted for review provides no rationale or support for the request. There is clinical data provided to support the use of a benzodiazepine for the injured worker's diagnoses. Per 7/15/13 supplemental report, "In reviewing the applicant's emotional complaints through direct question, [REDACTED] found no indication the applicant was experiencing an Anxiety Disorder, as she had not been an anxious person her whole life." The request is not medically necessary.