

Case Number:	CM14-0025388		
Date Assigned:	06/13/2014	Date of Injury:	03/13/1970
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Nevada. 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 was reportedly injured on March 13, 1970. The mechanism of injury was not listed in the records provided for review. The most recent progress note, dated February 16, 2014, indicated that there were ongoing complaints of bilateral knee and low back pains. This progress note outlined this 6 feet 3 inches, 230-pound individual to be at a pain level of 7/10. The injured employee was noted to be normotensive. A decrease in lumbar spine range of motion was noted; however, there was no tenderness to palpation. Some sensory changes were noted in the left lower extremity. Diagnostic imaging studies were not addressed. Previous treatment included multiple surgical interventions, medications, injections, and physical therapy. It was noted that this injury was more than 42 years old. A request had been made for multiple medications and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC TOPICAL PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON STEROIDAL ANT-INFLAMMATORY AGENTS.

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

Decision rationale: Diclofenac topical patch is a topical nonsteroidal that has some indication for the use of pain. However, after a protracted period of use, there is no objectified clinical information presented to suggest any efficacy or utility. The pain level remains the same. There is no improvement in this individual and does not wish to pursue definitive treatment (total knee arthroplasty). Therefore, the requested Diclofenac topical patch is not medically necessary.

PROVIGIL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary Chapter, updated June 30, 2014.

Decision rationale: The ODG states that Provigil is used to treat narcolepsy. There is no objectified diagnosis of narcolepsy and this "N" drug (a moniker assigned and as outlined by the ODG) is not clinically indicated. Therefore, the request for Provigil is not medically necessary.

ZANAFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: This medication is a centrally acting preparation designed to address muscle spasm. As outlined in the literature and noted in the citation identified above, this is unlabeled use for low back pain. Furthermore, that the other diagnosis is osteoarthritis of the knee and there is no reported muscle spasm, there is no clinical indication presented in the medical records reviewed to support this request. Therefore, the request for Zanaflex is not medically necessary.

ICY HOT 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 Page(s): 105.

Decision rationale: This topical preparation, also known as methyl salicylate, does not carry any recommendation for the treatment of chronic, persistent, or other pain syndromes, as there is no noted efficacy. Given that this is an over-the-counter preparation and that other medications are addressing the osteoarthritis, this medication is not medically necessary.

GLUCOSAMINE/CONDROITAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Literature.

Decision rationale: This preparation is a dietary supplement and not a pharmaceutical drug. Accordingly, there is no literature to support the ongoing use of this. Additionally, the guidelines recommend against the use of dietary supplements in the treatment of chronic pain. Furthermore, there are no double blinded and peer-reviewed studies that were identifiable suggesting that there is a clinical indication for the ongoing use of this dietary supplement in the treatment of advanced osteoarthritis. Therefore, the request for Glucosamine/Chondroitin is not medically necessary.

PHENERGAN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary chapter, updated June 2014.

Decision rationale: This medication is a sedative hypnotic used as an antiemetic. The progress notes indicated there was no difficulty with nausea, vomiting, or any other gastrointestinal distress. Therefore, the request for Phenergan is not medically necessary.

PEPCID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary Chapter, updated June 2014.

Decision rationale: This medication is an H2 antagonist used to treat peptic ulcer disease. The progress note, provided for review, did not indicate that the injured worker carried this diagnosis. Therefore, the request for Pepsid is not medically necessary.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The injured worker has a 42-year history of chronic low back and bilateral knee pains. There is noted osteoarthritis. There is nothing in the medical records to suggest that this individual is taking any illicit substances or has not been using the prescribed medications as outlined. Therefore, it is unclear why a routine urine drug screening would be necessary in a particular compliant individual. Therefore, the urine drug screen is not medically necessary.