

Case Number:	CM14-0037154		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2011
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 48-year-old male who reported an injury on 12/06/2011, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 01/31/2014, the injured worker presented for a followup evaluation regarding the neck and low back. It was noted that the injured worker had facet injections, and stated that they were not helpful. It was also noted that the injured worker needed a refill of medications, and that he reported still having ongoing headaches, neck pain, muscle spasm, stiffness, difficulty sleeping, anxiety, and insomnia. Prior treatments included anti-inflammatory medications, pain medications, physical therapy, chiropractic treatments, epidural injection, and medial branch blocks dated 01/15/2014. The physical examination revealed tenderness along the cervical and lumbar paraspinal muscles. The diagnoses included axial low back pain due to chronic muscle tightness, muscle spasm, and underlying lumbar facet hypertrophy bilaterally at L3-4, L4-5, and L5-S1; cervicogenic pain; element of depression, insomnia, and stress; weight gain and sexual dysfunction, sleep issues, erectile dysfunction, constipation, GERD, and headaches. The treatment plan included refills for Norco 10/325 mg (#90), for moderate to severe pain; Levitia 20 mg #30; LidoPro lotion 4 ounces; Topamax 50 mg; Protonix 20 mg for upset stomach; Fioricet #60 for headaches; Flexeril 7.5 mg; naproxen sodium 550 mg; and Effexor 75 mg. It was noted that the injured worker was not currently working, and should avoid repetitive neck flexion, extension, rotation, overhead reaching, forceful pushing, pulling, and lifting. It was also recommended for followup with therapy regarding anxiety, depression, and insomnia. The Request for Authorization for Fioricet 50 mg/300 mg/40 mg, quantity 60 capsules; quantity 90 tablets Norco 10/325 mg, and quantity 60 tablets of Protonix 20 mg; and 1 LidoPro cream 4 ounces, was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50 MG/300 MG/40MG Quantity 60 Capsules: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for quantity 60 capsules of Fioricet 50 mg/300 mg/40 mg is non-certified. The California MTUS Guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status in regards to headache pain. There is also a lack of documentation of other conservative modalities being used to treat the injured worker's headaches. Furthermore, the guidelines do not recommend the use of BCAs due to risk of medication overuse, as well as rebound headache. Therefore, the request for quantity 60 capsules of Fioricet 50 mg/300 mg/40 mg is non-certified.

Norco 10/325 MG Quantity 90 Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Passik, 2000).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids chronic pain, page(s) 80, Opioid, specific drug list Page(s): 91.

Decision rationale: The request for quantity 90 tablets Norco 10/325 mg is non-certified. The California MTUS Guidelines state that opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy if unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment, and consideration of operative therapy. Norco is indicated for moderate to moderately severe pain. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, with or without the use of prescribed medication. There is also a lack of frequency and dosage for the use of Norco. Furthermore, it is indicated that the injured worker has had prior treatments of conservative therapy; however, it does not address the efficacies of the modalities. Therefore, the request for quantity 90 tablets Norco 10/325 mg is non-certified.

Protonix 20 MG Quantity 60 Tablets: Upheld

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

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

Decision rationale: The request for quantity 60 tablets of Protonix 20 mg is non-certified. The California MTUS Guidelines state that to determine if the injured worker is at risk for gastrointestinal events, the following criteria should be evaluated: age greater than 65 years old; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high-dose/multiple NSAIDs (e.g., NSAID plus low-dose ASA). In the clinical notes provided for review, it is indicated that the injured worker had GERD. However, there is a lack of documentation of signs and symptoms and prior notation such as history of peptic ulcer, GI bleeding, perforation, or concurrent use of ASAs. Therefore, the request for quantity 60 tablets of Protonix 20 mg is non-certified.

One LidoPro Cream 4 Ounces: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Namaka, 2004).

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

Decision rationale: The request for 1 LidoPro cream, 4 ounces, is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The guidelines state that lidocaine is indicated for neuropathic pain, and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine in the formulation of a dermal patch is used off-label for diabetic neuropathy. No other commercially-approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. LidoPro also contains capsaicin, which is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. Menthol and methyl salicylate are not indicated within the guidelines. In the clinical notes provided for review, there is a lack of documentation of the frequency, dosage, and location to which the LidoPro cream is to be applied. There is also a lack of documentation of the injured worker's pain level status and efficacy of pain medications. Furthermore, the guidelines do not recommend the use of any topical formulations of lidocaine, whether creams, lotions, or gels. Therefore, the request for 1 LidoPro cream, 4 ounces, is non-certified.