

Case Number:	CM14-0039164		
Date Assigned:	06/27/2014	Date of Injury:	11/30/2011
Decision Date:	09/05/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 Pain Medicine and is licensed to practice in Texas. 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 55 year old male who had a work-related injury on 11/30/11. There is no documentation of mechanism of injury. His diagnosis is discogenic cervical condition with facet inflammation with radiation to shoulder blade associated with headaches. He has a concussion that needs to be addressed further. Epicondylitis laterally bilaterally. Wrist joint inflammation on the right with magnetic resonance image showing scapholunate tear. Discogenic lumbar condition with radicular component down the right lower extremity. Knee sprain, not treated at this time. The injured worker has an element of depression, sleep and stress. Most recent progress note submitted for review is dated 02/25/14 the injured worker has constant pain at a level of 8/10. Norco decreases pain to 4/10. He admits to frequent spasm as well as frequent numbness and tingling. He reports he has been having more pain in the right knee lately, which is new as compared to before. Pain increases when sitting longer than 20 minutes, standing longer than 20 minutes, and walking longer than 30 minutes. He does minimum chores. Pain does affect his sleep by waking him up 2-3 times and it is difficult for him to fall back to sleep. On physical examination, blood pressure is 159/180 and pulse is 89. The injured worker is no acute distress. He is tender in the low back upon palpation. Lumbar extension to 15 degrees and flexion to 25 degrees. Bilateral upper extremities abducts to 90 degrees. He has been treated with Norco 10/325, tramadol ER 150mg, naproxen 550mg, Protonix 20mg, gabapentin 600mg, and Lidopro lotion 4oz for topical use for pain. Prior utilization review dated 03/10/14 the Norco and the tramadol were modified for taper. The naproxen, Protonix, gabapentin, and Lidopro were denied. In review of the medical records submitted, there is no functional improvement documented. No urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioids.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation submitted for review there is no functional improvement documented. No urine drug screen. Therefore medical necessity has not been established. Therefore, the request for Norco 10/325mg #60 is not medically necessary and appropriate.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

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

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation submitted for review, there is no functional improvement documented. No urine drug screen. Therefore medical necessity has not been established. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary and appropriate.

Naproxen 550mg #60: 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), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Recommended as an option for short-term symptomatic relief. The clinical documentation submitted for review does not show any functional improvement on medications. Therefore, the request for Naproxen 550mg #60 is not medically necessary and appropriate.

Protonix 20mg #60: 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 chapter, Proton pump inhibitors (PPIs).

Decision rationale: There is no documentation of gastrointestinal problems. Therefore, medical necessity has not been established.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). The clinical documentation submitted for review does not show evidence of neuropathic pain. And there is no documentation of functional improvement. Therefore medical necessity has not been established.

LidoPro Lotion 4 oz: 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): 111.

Decision rationale: California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for LidoPro Lotion 4 oz is not medically necessary and appropriate.