MAXIMUS Federal Services

Case Number:	CM14-0045809		
Date Assigned:	07/23/2014	Date of Injury:	02/23/2001
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 75-year-old male who reported an injury on 02/23/2001. The documentation of 03/06/2014 revealed the injured worker had left knee pain daily at 7/10 to 8/10. The Norco decreased the injured worker's pain to 2/10. Additionally, the injured worker was noted to be on Soma, which helped decreased the intensity and frequency of spasms. The injured worker indicates he was utilizing Remeron, which helped him stay asleep longer in between waking up and it helped with his moods. The prior treatments were not provided. The surgical history was not provided. The diagnoses included internal derangement of the left knee. The treatment plan included Norco as it decreased his pain from 7/10 to 8/10 to 2/10, and allowed him to be more functional during the day particularly doing his work, and Soma which decreased the intensity and frequency of spasms. Additionally, the prescription was made for Protonix to treat stomach upset from taking medication. The request was made for Lidoderm patches 5% for topical use in conjunction with oral medications. The documentation indicated the injured worker had been utilizing Soma, Norco, and Lidoderm since at least 09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit, objective pain relief, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had relief from pain and had an ability to perform his daily work with the medication. The duration of use was at least since 09/2013. There was a lack of documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Soma 350 mg #120: 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 Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. The documentation indicated the use of the medication decreased muscle spasms. However, there was a lack of documentation of objective functional improvement and documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #120 is not medically necessary.

Protonix 15 mg #30: 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 Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. The documentation indicated the requested medication was being utilized to treat stomach upset from medications. However, there was a lack of documentation of the efficacy for the requested medication. The duration could not be established through supplied documentation. The request as submitted failed to indicate the

frequency for the requested medication. Given the above, the request for Protonix 15 mg #30 is not medically necessary.

Lidoderm 5% #60: 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 Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS Guidelines indicate that topical Lidocaine may be recommended for localized peripheral pain if there has been evidence of a trial and failure of first-line therapy. This not a first-line treatment and is only FDA-approved for postherpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 09/2013. There was a lack of documentation of objective functional benefit. There was a lack of documentation of a trial and failure of first line therapy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% #60 is not medically necessary.