

Case Number:	CM14-0054288		
Date Assigned:	07/07/2014	Date of Injury:	10/13/2008
Decision Date:	09/03/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational 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:

This is a 49-year-old female with a date of injury of 10/13/08. The mechanism of injury was not noted. On 2/14/14, she complained of pain in her bilateral knees, requesting Synvisc injections, lower back pain rating it 8/10, and requesting trigger point injections as they provide relief and allow her to increase her activity and sleep better at night. She continues on Norco, 3-4 tablets a day, Topamax and Dendracin topical cream. On exam the lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity, and decreased range of motion. The bilateral knees reveal tenderness to palpation with decreased range of motion. The diagnostic impression is lumbar facet syndrome, bilateral knee internal derangement, and s/p bilateral arthroscopic knee surgery. Treatment to date: surgery, physical therapy, medication management. A UR decision dated 3/26/14 denied the request for retro Prilosec, Fexmid, Prozac, and Norco. The date of service for the retro request is 2/14/14 for all requests. The Norco 10/325mg #120 was modified to Norco 10/325mg #90 to allow for a taper and discontinuation. The records do not document the 4 A's of opioid management in sufficient detail to support an ongoing indication and benefit from opioid treatment. The Prilosec 20mg #60 was denied because the records do not clearly document risk factors supporting a rationale for ongoing GI prophylaxis. The Fexmid 7.5mg #60 was denied because the records do not provide a rationale to support an indication for muscle relaxant use on a chronic basis contrary to CA MTUS. Prozac 20mg #60 was modified to Prozac 20mg #30 to allow for taper and discontinuation, and/or to allow for submission of additional details to support the use of Prozac. The records contain limited information to document efficacy of this anti-depressant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Prilosec 20 mg, take 1 p.o (by mouth) b.i.d. (twice daily) # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA Omeprazole.

Decision rationale: A MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, the patient's NSAID therapy was discontinued in 11/2013. Guidelines support the use of Prilosec with chronic NSAID therapy and since the Anaprox was discontinued in 11/2013 due to gastric symptoms, the continued use of Prilosec cannot be substantiated by guideline recommendations. Therefore, the request for Retro Prilosec 20mg twice a day #60 is not medically necessary.

Retro: Fexmid 7.5 mg take 1 p.o. (by mouth) b.i.d. (twice daily) # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there is no documentation of an acute exacerbation of the patient's chronic pain. In addition, this is noted to be a refill for Fexmid (cyclobenzaprine). Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, a urine drug screen on 1/21/14 was inconsistent with the prescription fills for Fexmid. Therefore, the request for Retro Fexmid 7.5mg twice a day #60 is not medically necessary.

Retro: Prozac 20 mg take 1 p.o. (by mouth) b.i.d. (twice daily) # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (updated 03/18/2014) Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that Prozac is recommended as a first-line treatment option for major depressive disorder. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. SSRI's are also recommended as a first-line choice for the treatment of Post-traumatic stress disorder (PTSD). However, it is unclear if the patient is improving from the Prozac, in fact on 2/14/14, she is requesting her Xanax to be restarted. In addition, on 1/21/14, a urine drug screen was inconsistent with her current drug regimen. In addition, the UR modified the Prozac 20mg #60 to Prozac 20mg #30, to allow for either, a taper and discontinuation or to allow time for more information to be submitted to support the continued use of Prozac. Therefore, the request for Retro Prozac 20mg #60 is not medically necessary.

Retro: Norco 10/325 take 1 p.o. (by mouth) q.i.d. (four times daily) # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. It was noted that on 2/14/14, she received Synvisc injection to her right knee for pain relief. There is no documentation of lack of adverse side effects, and aberrant behavior was noted on 1/21/14, when a urine drug screen was negative for hydrocodone. She stated she continues to have pain and does not want to increase her Norco. The UR modified the request for Retro Norco 10/325mg four times a day #120 to Norco 10/325mg #90, to allow for tapering and discontinuation of the Norco. Therefore, the request for Retro Norco 10/325mg four times a day #120 is not medically necessary.