

Case Number:	CM14-0055501		
Date Assigned:	07/09/2014	Date of Injury:	10/08/1999
Decision Date:	08/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic pain syndrome, post traumatic headaches, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of October 8, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a April 17, 2014 Utilization Review Report, the claims administrator denied a request for Flector patches, partially certified Ambien, apparently for weaning purposes, partially certified Norco, and partially certified Lidoderm, denied Nexium, and approved Imitrex. The claims administrator stated that the five refills of Norco and Lidoderm seemingly being sought by the attending provider were excessive and that the applicant should be periodically evaluated. The applicant's attorney subsequently appealed. A May 9, 2014, progress note was extremely difficult to follow, mingled old complaints with current complaints, and was notable for comments that the applicant was reporting persistent neck and knee pain. It was suggested that the applicant was doing volunteer work but was no longer doing gainful employment. The applicant was reportedly using Lidoderm, Norco, Lunesta, Nexium, Imitrex, and Valium, it was further noted. The applicant was also receiving Botox injections. A 5 to 7/10 pain without medications and 7 to 8/10 pain with medications were noted. The applicant stated that he was able to do yard work for a few hours with medications and/or intermittent Botox injections. The applicant was nevertheless dropping articles. The applicant was status post cervical discectomy and fusion surgery, it was further noted. Multiple medications were refilled including Lidoderm, Norco, Lunesta, Imitrex, and Valium. It was stated that the applicant denied any current issues with medication dependency. It was stated that the applicant was using Flector patches for the neck and shoulder pain. An early note of May 9, 2014, was notable for comments that the applicant

should remain off of work. A psychology note of May 9, 2014 is notable for comments that the applicant would require supportive psychotherapy. The applicant was described, in another section of report, as disabled. It is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of topical Diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, however, topical Diclofenac or Voltaren is indicated in the treatment of osteoarthritis of small joints, which lend themselves toward topical application, such as, for instance, the ankles, elbows, feet, hand, knee, and wrists. Voltaren or Diclofenac has not been evaluated for treatment of spine, hip, and/or shoulder. In this case, however, the applicant's principle pain generators are, in fact, the neck and shoulder, body parts for which topical Flector/Diclofenac/Voltaren has not been evaluated. No applicant-specific rationale, narrative commentary, or medical evidence was provided to augment the tepid-to unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

Valium 2mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Adopted ACOEM Guidelines in Chapter 15, page 402 acknowledge that anxiolytics such as Valium may be appropriate for brief periods in cases of overwhelming symptoms. This is to afford an applicant with the opportunity to achieve a brief alleviation of symptoms so as recoup emotional or physical resources, in this case, however, Valium is being employed for chronic, long-term and/or scheduled use purposes as implied with the 60-tablet, five-refill supply being sought by the attending provider, reportedly to ameliorate issues with anger, impulsivity and social awareness. This is not an appropriate usage of Valium, per page 402 of the ACOEM Practice Guidelines. Therefore, the request is not medically necessary.

Hydrocodone 10/325mg #120 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 79, 80.

Decision rationale: As noted page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as result of the same. In this case, while the applicant has failed to return to work, the attending provider has posited that ongoing usage of Hydrocodone and Acetaminophen has ameliorated the applicant's ability to drive for short distances, do some household chores and yard work, golf, visit his children and/or diminish his pain levels from 8/10 without medication to 2/3 with medications. Continuing Hydrocodone, on balance, is therefore indicated. Contrary to what was suggested by the claims administrator, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that applicants with pain managed by controlled substances can be seen monthly, quarterly, or semiannually, as required by standard of care. In this case, the six-month supply of Hydrocodone being furnished by the attending provider thus does represent semiannual follow-up visits. Contrary to what was suggested by the claims administrator, this does conform to the standard established on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines and California Medical Board Guidelines for prescribing controlled substances. Therefore, the request is medically necessary.

Lidoderm Patch 5% #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressants and/or anticonvulsants. In this case, however, there has been no clear evidence that multiple antidepressants and/or anticholinergics have been tried and/or failed. The attending provider's progress note did make some mention of historical Topamax usage, it was not clearly stated that Topamax and/or other antidepressants/anticonvulsants had been failed here before Lidoderm was employed. No rationale for flexion and/or ongoing usage of Lidoderm patches was provided. Therefore, the request is not medically necessary.

Nexium 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Nexium can be employed in the treatment of NSAID induced dyspepsia, in this case, however, there is no clear mention or discussion of issues with reflux, heartburn and/or dyspepsia, either NSAID induced or stand alone, raised on any recent progress note. In fact, on May 19, 2014, the attending provider wrote that the applicant specifically denied any issues with heartburn, nausea, vomiting, or GI irritability in the review of systems section of the report. Therefore, the request for Nexium is not medically necessary.