

Case Number:	CM14-0061450		
Date Assigned:	08/08/2014	Date of Injury:	07/24/2003
Decision Date:	09/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgery 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:

Claimant is a 55-year-old female with reported work-related injury on July 24, 2003. Exam note from February 5, 2014, demonstrates development of pain and weakness in both flanks. There is a complaint of nightly leg cramps and feelings of cold in her right leg. Report demonstrates that Baclofen and Hydrocodone are not effective. Report demonstrates her spasms are improved with use of Flexeril. Physical examination demonstrates positive paravertebral tenderness thoracic and lumbar spine and a positive straight leg raise. Range of motion of the lumbar spine revealed flexion to 50, extension 15 and bilateral bending 10. The records note that the patient is taking 60 mg meds per day. Review of records demonstrates no prior dosages or frequency of medication taken by claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #30 1 refill: 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; regarding proton pump inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Prilosec. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." "In this particular case there is insufficient evidence in the records from 2/5/14 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Nexium is not medically necessary and not medically necessary.

Doc -Q- Lace 100mg #120 1 refill: 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) ; regarding opioid induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>.

Decision rationale: As the request for Norco is denied, the request for Doc-Q-Lace, a stool softner for opioid induced constipation is not medically necessary.

Norco 10-325mg #180 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; regarding opioids; Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids such as Norco should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for Norco it is not medically necessary.

Cyclobenzprine 10mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; regarding Cyclobenzaprine; muscle relaxant.

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. "In this particular case the patient has no evidence in the records of 2/5/14 of functional improvement, a quantitative assessment on how this medication works, how long the relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore Cyclobenzaprine is not medically necessary.

Lidocaine 5% patch #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; regarding topical analgesics; Lidocaine patch "Lidocaine Indication".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guideline, Lidocaine, pages 56-57 regarding usage, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic." In this patient there is no evidence in the records of 2/5/14 of neuropathic pain, functional improvement with past usage or increased activity. Therefore the request for Lidocaine is not medically necessary

Gabapentin 300mg #90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS regarding Gabapentin;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and post herpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 2/5/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief,

the duration of relief, increase in function or increased activity. Therefore medical necessity for Gabapentin has not been established, and the determination is it is not medically necessary.

Clonazepam 0.5mg #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; regarding benzodiazepines ; Clonazepam. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the exam note from 2/5/14 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for Clonazepam is not medically necessary.