

Case Number:	CM14-0072554		
Date Assigned:	07/16/2014	Date of Injury:	07/27/2009
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date of 07/27/09. Per the 05/12/14 progress report by [REDACTED] and the 05/05/14 report by [REDACTED], the patient presents with chronic back pain with weakness in her left leg. Pain is rated 9/10. Her gait is antalgic and she ambulates with a cane. Examination reveals limited range of motion of the left lower extremity, and that the left leg is greatly weaker compared to the right. The left ankle joint has limited range of motion and the left foot displays left foot drop. She has pain to palpation and pressure to the base of her left foot and tenderness on the left lumbar facets. The patient's diagnoses include: 1. Chronic pain syndrome. 2. Reflex sympathetic dystrophy of the lower limb. 3. Postlaminectomy syndrome, lumbar region. 4. Sciatica. 5. Adjustment disorder with mixed anxiety and depressed mood. Current medication includes, Lyrica, Desyrel, Cymbalta, Fioricet, Oxycodone, and Flexeril. The utilization review being challenged is dated 05/13/14. Treatment reports were provided from 07/15/13 to 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: The patient presents with chronic back pain with weakness in her left leg. The provider requests for Cyclobenzaprine 10 mg #90. MTUS guidelines page 64, in relation to Flexeril/Cyclobenzaprine indicates recommendation for a short course of therapy and limited, mixed-evidence does not allow for a recommendation for chronic use. The records indicate the patient has been taking this medication since at least 07/15/13 which is not supported by the guidelines above. Therefore, this request is not medically necessary.

Voltaren 1% gel with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with chronic back pain with weakness in her left leg. The provider requests for: Voltaren (an NSAID) 1% gel with 2 refills. The reports provided indicate that the patient has been taking this medication since at least 07/22/13. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." The provider does not provide any discussion regarding the efficacy and use of this topical product. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis and there is no diagnosis of this. Therefore, this request is not medically necessary.

Fioricet 40/325/50 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic Page(s): 23.

Decision rationale: The patient presents with chronic back pain and weakness in the left leg. The provider's request is for Fioricet 325/50 mg #30 (Butalbital a barbiturate). MTUS guidelines state that Barbiturate-containing analgesics agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of Barbiturate-containing analgesics due to the barbiturate constituents. Therefore, this request is not medically necessary.

Zofran 4 mg #30 with 2 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 Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron (Zofran®) Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea).

Decision rationale: The patient presents with chronic back pain and weakness in the left leg. The provider requests for Zofran (Ondansetron) 4 mg #30 with 2 refills. Per the provided reports, the patient has been taking this medication since at least 07/15/13. ODG guidelines have the following regarding Zofran: "Not recommended for nausea and vomiting secondary to chronic opioid use." Records provided indicate this patient's opioid use is chronic as she has been taking Oxycodone (an opioid) since at least 11/04/13. Use of this medication is outside what is allowed in the guidelines; therefore, this request is not medically necessary.