

Case Number:	CM14-0080675		
Date Assigned:	07/18/2014	Date of Injury:	11/12/2008
Decision Date:	09/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 56-year-old who reported injury on November 12, 2008. Reportedly while using a leaf blower, she slipped and fell on a wet sidewalk. She landed on her left side and had immediate pain in the left upper extremity, bilateral hips and legs. The injured worker's treatment history included medications, MRI, and physical therapy. On February 14, 2014, the injured worker had a urine drug screen that was negative for opiate usage. The injured worker was evaluated on April 11, 2014 and it was documented the injured worker stated pain was the same. The injured worker stated the medications helped. She was there for medication refills. She has had no treatment. Objective findings: Normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raising and bowstring are negative bilaterally. Antalgic gait. Difficult heel walk and toe walk bilaterally. Positive lumbar tenderness. Cervical spine range of motion is decreased. Lumbar spine range of motion is decreased. Femoral stretch negative bilaterally. Negative Lhermitte's and Spurling's sign. Babinski's are downward bilaterally. Normal lower extremity pulses bilaterally. Medications included Naprosyn 550 mg, Fexmid 7.5 mg, and Ultram 150 mg. Diagnoses include musculoligamentous sprain/strain, cervical spine; musculoligamentous sprain/strain, lumbar spine; internal derangement, bilateral knees; and left shoulder sprain. The Request for Authorization and rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS/Naproxen Sodium 550 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Naproxen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs (non-steroidal anti-inflammatory drugs) are more effective than acetaminophen for acute LBP (low back pain). For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency. Given the above, the request for the Anaprox-DS/Naproxen Sodium 550 mg, ninety count, is not medically necessary.

Fexmid/Cyclobenzaprine 75 mg, sixty count: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Fexmid/Cyclobenzaprine 75 mg, sixty count, is not medically necessary or appropriate.

Ultram/Tramadol HCL ER 150 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review the injured worker was negative for Opioid usage. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request for Ultram/Tramadol HCL ER 150 mg, sixty count, is not medically necessary or appropriate.

Methoderm ointment 120 ml:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Methoderm ointment contains at least one or more drug class. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Furthermore, there was no documentation provided on conservative care measures such as physical therapy or pain management. In addition, there was no documentation provided on frequency or location where the Methoderm ointment would be applied and unspecified quantity of the ointment was not provided. As such, the request for retrospective request for Methoderm ointment is not medically necessary or appropriate.

Protonix/Pantoprazole 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Protonix is recommended for patients taking NSAIDs (non-steroidal anti-inflammatory drugs) who are at risk of gastrointestinal events. The provider failed to submit medications for the injured worker. The documentation provided did not indicate that the injured worker was having gastrointestinal events. In addition, the request lacks the frequency of the medication for the injured worker. Given the above, the request for Protonix/Pantoprazole 20 mg, sixty count, is not medically necessary or appropriate.