MAXIMUS Federal Services

Case Number:	CM14-0085154		
Date Assigned:	07/23/2014	Date of Injury:	04/27/2010
Decision Date:	09/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 38 year old female injured on 04/27/10 while attempting to shift the weight of a patient resulting in low back pain. Diagnosis included severe low back pain due to mixed level annular disc lesions, left greater than right, fissure at T11-12 and L4-5, lumbar spondylosis left greater than right facetogenic pain, myofascial pain/spasm, and annular fissure. Clinical note dated 05/29/14 indicated the injured worker presented reporting approximately 80% pain relief following left T12, L1, L2 medial branch blocks on 04/30/14. The injured worker reported pain relief lasted several days. The injured worker reported current medications working well, poor sleep, inability to work with low dose medications. The injured worker reported pain 6/10 on the visual analog scale. Physical examination revealed referred left leg pain non-radicular, clicking sensations on walking up stairs, increased pain with standing and/or walking, left sided low back pain, pain in mid to low back with paraspinal muscle tenderness. Documentation indicated intent to discontinue Baclofen, and Zanaflex. Injured worker to continue Dilaudid 4mg one half to one tablet twice daily, Duexis one tablet twice daily, anti-inflammatory cream, Ambien 10mg one half to one every evening, Fentora 200mcg once daily, and Lorzone 375mg one to two tablets twice daily. The initial request for Lorzone 375mg count 30, Fentora amount and quantity not specified, Duexis amount and quantity not specified, anti-inflammatory topical cream quantity one, and Ambien dosage and quantity not specified were non-certified on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 375MG, count 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain), page(s) 63 Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the request for Lorzone 375mg, count 30 is not medically necessary.

Fentora, amount and quantity not specified.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, page 77 Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the request failed to provide the dose, frequency, amount, and number of refills to be provided. As such, the request for Fentora, amount and quantity not specified is not medically necessary.

Duexis, amount and quantity not specified.: Upheld

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

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

Decision rationale: Based on review of the medical records provided, the request for Duexis is not supported as medically necessary. Current guidelines indicate the prescription combination

of Ibuprofen and Famotidine is not recommended as a first-line drug treatment when both components of Duexis are readily available with over-the-counter formulations in multiple strengths and variations. With less benefit and higher cost, it is difficult to justify using Duexis as a first-line therapy. Additionally, the request failed to provide the dose, frequency, amount, and number of refills to be provided. As such, the request for Duexis, amount and quantity not specified is not medically necessary.

Anti-inflammatory topical cream, quantity one.: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. The components of the compound were not provided to establish United States Federal Drug Administration status. Therefore anti-inflammatory topical cream, quantity one cannot be considered as medically necessary as it does not meet established and accepted medical guidelines.

Ambien, dosage and quantity unspecified.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Medical treatment guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (AmbienÂ®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. Additionally, the request failed to provide the dose, frequency, amount, and number of refills to be provided. As such, the request for Ambien, dosage and quantity unspecified is not medically necessary.