

Case Number:	CM14-0085553		
Date Assigned:	07/23/2014	Date of Injury:	02/14/2005
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Pain Management 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:

This is a male patient with the date of injury of February 14, 2005. A Utilization Review was performed on May 19, 2014 and recommended modification of Naprelan 500mg to Naprelan 500mg #60, non-certification of Pepcid 20mg #30, modification of Maalox liquid 10-20ml to Maalox liquid 10-20ml x1 bottle, modification of Norco 10/325mg #240 to Norco 10/325mg #60, non-certification of Voltaren Gel 5 tubes, non-certification of Lidoderm #90, modification of Soma 350mg #90 to Soma 350mg #20, non-certification of Ibuprofen 800mg, non-certification of Biotene or Salase Lozenges #30, and modification of right knee acupuncture treatment 3x4 to right knee acupuncture treatment 3x2. A Progress Report dated April 2, 2014 identifies Subjective Complaints of back pain, right greater than left lumbosacral pain associated with left leg numbness and tingling and occasional muscle spasms. Also complains of bilateral knee pain, neck pain, and migraine headaches. Objective Findings identify right knee is tender at the anteromedial joint line. Diagnoses identify unspecified derangement of joint of shoulder region, left shoulder dysfunction status post shoulder repair of 2008, adjustment reaction with prolonged depressive reaction, depression due to chronic pain, lumbar spondylosis, facet syndrome, migraine headache, stress fracture left distal femur, myofascial pain, nonindustrial right dorsal foot bone spur, and right knee pain. Plan identifies continue with medical management and a trial of acupuncture. The patient is noted to have gastric adverse effects from medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naprelan, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naprelan is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naprelan is not medically necessary.

Pepcid 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult - Famotidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is noted to have gastric adverse effects from medication use. As such, the currently requested lansoprazole is medically necessary.

Maalox Liquid 10-20ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com - maalox.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Maalox, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are no recent subjective complaints of constipation. There is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and

activity to reduce the complaints of constipation should they exist. Additionally, there is no documentation indicating how the patient has responded to treatment with Maalox. In the absence of such documentation, the currently requested Maalox is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

Voltaren Gel 5 tubes.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.

Lidoderm #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of Topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma (carisoprodol), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Soma. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.

Biotene or Salase Lozenges #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daniel E. MacDonald, DMD MSD notes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/biotene.html>.

Decision rationale: Regarding the request for Biotene or Salase Lozenges #30, California MTUS and ACOEM do not address the issue. Guidelines identify fluoride is used to prevent tooth decay. Within the information made available for review, there is no indication that the patient is having dry mouth or any other conditions that may lead to tooth decay. In the absence of such documentation, the currently requested Biotene or Salase Lozenges #30 is not medically necessary.

Right knee acupuncture treatments 3 x 4 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for right knee acupuncture treatments 3 x 4 visits, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of chronic pain. However, the request exceeds guidelines for an initial trial. In light of this issue, the currently requested right knee acupuncture treatments 3 x 4 visits is not medically necessary.