

Case Number:	CM14-0189535		
Date Assigned:	11/20/2014	Date of Injury:	03/30/2011
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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:

This is a 72-year-old female with a 3/30/11 date of injury, when she was trying to prevent a client from falling and hurt her tailbone and bilateral legs. The progress notes indicated that the patient was utilizing Lyrica, Voltaren Gel and Baclofen at least from 6/4/14, and Ketorolac injections at least from 9/12/14. The patient was seen on 10/23/14 with complaints of 8/10 aching and throbbing back pain. The patient denied the radiation of the pain and reported worsening of the symptoms. Exam findings revealed spasms and tenderness to the lumbar paravertebral muscles, decreased trunk extension, and pain about the right patella. The patient reported that her medications were effective and denied any side effects. The diagnosis was right knee pain, lumbago, lumbosacral spondylosis, cervical spondylosis, and lumbar disc degeneration and joint pain. Treatment to date: work restrictions, facet injections and medications. An adverse determination was received on 11/4/14 for a lack of documented radiculopathy; contraindication to NSAIDs; intolerance of oral medications; documented inconsistency with medication regimen and a lack of established medical necessity for injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: CA MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, there is a lack of documentation indicating that the patient suffered from diabetic neuropathy and postherpetic neuralgia. In addition, during the encounter dated 10/23/14 the patient denied any radiation of the pain and the physical examination did not reveal objective signs of radiculopathy. Lastly, the progress notes indicated that the patient was utilizing Lyrica at least from 6/4/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. Therefore, the request for Lyrica 75mg #60 was not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The progress notes indicated that the patient was utilizing Baclofen at least from 6/4/14 however there is a lack of documentation indicating subjective functional gains from prior use. In addition, the decrease in the patient's muscle spasm and the patient's pain on the VAS scale was not documented. Therefore, the request for Baclofen 10mg #90 was not medically necessary.

Voltaren 1% 2 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: CA MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The progress notes indicated that the patient was utilizing Voltaren gel at least from 6/4/14 however there is a lack

of documentation indicating objective functional gains from prior use. In addition, the area of application was not specified in the request. Therefore, the request for Voltaren 1% 2 g was not medically necessary.

Ketorolac Injection x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Ketorolac

Decision rationale: CA MTUS does not specifically address this issue. The FDA states that Ketorolac is indicated for the short-term (up to 5 days in adults), management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of Ketorolac tromethamine. The progress notes indicated that the patient was utilizing Ketorolac injections at least from 9/12/14, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is no rationale with regards to the Ketorolac injections. Therefore, the request for Ketorolac Injection x2 was not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 (Drug Testing Urine testing in in ongoing opiate management Page(s): 43,78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. However, there is a lack of documentation indicating that the patient was suspected for an opioid abuse or that the aberrant behavior was noted. In addition, the patient denied any side effects from the medications and there is a lack of rationale with regards to the necessity for a UDS test for the patient. Therefore, the request for Urine Drug Screen was not medically necessary.

Outpatient Tramadol injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: CA MTUS does not specifically address Tramadol injections. CA MTUS states that Tramadol is a synthetic opioid affecting the central nervous system and that it has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. However, there is a lack of rationale indicating the necessity for an outpatient Tramadol injection. In addition, the patient has been noted to utilize oral Tramadol and Ketorolac injections on a monthly basis. Therefore, the request for Outpatient Tramadol injection was not medically necessary.