

Case Number:	CM14-0029110		
Date Assigned:	06/20/2014	Date of Injury:	03/14/2004
Decision Date:	03/16/2015	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female with a work injury dated 03/14/2004. The mechanism of injury is not documented. On 02/19/2014 she presented with severe pain in lower back which she rated as 6/10. She states she had been taking her pain medication which helped. Physical exam of lumbar spine revealed spasms. Range of motion was limited and painful. Lasegue was positive on the right. Trochanteric bursitis was positive. Straight leg raise was positive on the left at 60 degrees. Motor weakness was noted as 3/5 on the left and sensation was decreased on the left at lumbar 3-4. Pain was present on the left at sacral 1 distribution. Tenderness to palpation was positive over the facet joints. Exam of bilateral knees revealed positive McMurray bilaterally. Patello-femoral crepitation and Apley's grind was positive. The IW was classified as temporarily totally disabled pending revision of fusion and secondary to worsening of her condition. Diagnosis was: Status post right knee surgery times 1. Bilateral knee internal derangement. Status post lumbar fusion lumbar 4-5 and lumbar 5. Sacral 1. Status post lumbar hardware removal. Chronic low back pain. Stenosis at lumbar 3-4, moderate to severe low back pain. Severe facet disease at lumbar 3-4. GERD. The above dated record is the only record dated before the utilization review date. The UR references a record dated 01/08/2014 which is not present in the records submitted for review. The following requests were reviewed and a decision issued by utilization review on 02/24/2014. Flector patches were non-certified noting they are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. That has not been documented. Guidelines cited were CA MTUS. Norco was modified to 30 pills for tapering over 2 months noting there

was no documentation of subjective or objective benefit from the use of this medication. Guidelines cited were CA MTUS. Laxacin was non-certified noting that documentation does not identify acute pain or an acute exacerbation of chronic pain. Cited guidelines were CA MTUS. Synovacin was non-certified noting glucosamine is supported in the management of knee osteoarthritis which has not been documented. Guidelines not documented. Toradol 60 mg times 1 was non-certified citing there was no documentation of subjective or objective benefit from use. Cited Guidelines were CA MTUS. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 111-12.

Decision rationale: MTUS does not discuss topical NSAIDs as effective for low back pain. This guideline discusses topical NSAIDs in general as effective only for short-term use. Overall the records and guidelines do not support this medication as effective for the current chronic diagnoses. This request is not medically necessary.

Laxacin: Overturned

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 Opioids/Initiating Therapy Page(s): 77.

Decision rationale: MTUS recommends routine prophylactic treatment of constipation for patients being treated with opioid medications. Although opioids have been recommended for discontinuation, the need for constipation does not stop immediately when opioids are tapered or discontinued. . This medication is therefore medically necessary based upon MTUS criteria.

Synovacin: Overturned

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 Glucosamine and Chondroitin Sulfate Page(s): 50.

Decision rationale: MTUS recommends the use of this medication for patient with moderate arthritis pain, particularly for knee osteoarthritis. This guideline emphasizes the low risk of this medication. This patient does have internal derangement in both knees among multiple musculoskeletal diagnoses. Particularly given a recommendation to taper and discontinue opioids, this medication is recommended by MTUS as part of an overall treatment program. This request is medically necessary.

Toradol 60 mg IM x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/Toradol Page(s): 72.

Decision rationale: An FDA black box warning specifically discourages the use of this medication for minor or chronic painful conditions. The records do not provide an exception to utilize this medication for chronic pain as currently requested. This request is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.