

Case Number:	CM15-0011552		
Date Assigned:	02/11/2015	Date of Injury:	05/06/1997
Decision Date:	04/07/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Arizona
 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:

The injured worker is a 70-year-old female who reported injury on 05/06/1997. The mechanism of injury was not specified. Her diagnoses include displaced mood disorder, joint pain, wrist pain, knee pain, pain in the joint of the lower leg, and carpal tunnel syndrome. Past treatments include surgery, physical therapy, and medications. On 12/12/2014, the injured worker complained of bilateral knee pain. The injured worker indicated she utilized all her pain medications and that they have been indicated to help her with pain, and she was able to have more function. Her relevant medications include Flector 1.3% patch, Norco 10/325 mg, senna 8.6 mg, lidocaine 5% ointment, Dexilant 60 mg, and atenolol 50 mg. The treatment plan included Norco 10/325 mg #90 with 1 refill to help reduce pain levels and increase activity. A Request for Authorization form was submitted on 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for Norco 10-325mg #90 with 1 refill is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, there was a lack of documentation in regard to side effects and psychosocial functioning in regard to medication use. Furthermore, there was a lack of a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Senna 8.6mg #60 with 1 refill: 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 Initiating Therapy Page(s): 77.

Decision rationale: The request for senna 8.6 mg #60 with 1 refill is not medically necessary. According to the California MTUS Guidelines, prophylactic treatment of constipation should be initiated upon opioid therapy. However, there was a lack of documentation to indicate that the injured worker had constipation due to opioid use. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Dexilant DR 60mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Dexilant DR 60 mg #30 with 1 refill is not medically necessary. According to the California MTUS Guidelines, patients should be assessed for risk of gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on Dexilant for an unspecified duration of time. However, there was a lack of documentation in regard to a full assessment in regard to GI risk events, to include a history of peptic ulcer, GI bleeding, or perforations; concurrent use of ASA, corticosteroids, and/or anticoagulants; and is using high dose or multiple NSAIDs. There was also a lack of documentation to indicate the injured worker had dyspepsia secondary to NSAID therapies. In

the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Flector 1.3% patch #60 with 1 refill: Upheld

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

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

Decision rationale: The request for Flector 1.3% patch #60 with 1 refill is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker was indicated to have Flector 1.3% patch for an unspecified duration of time. However, there was a lack of documentation in regard to a failed trial of antidepressants and anticonvulsants. Furthermore, there was a lack of documentation to indicate the injured worker had osteoarthritis in the joints. In the absence of the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.

Lidocaine 5% ointment #2 with 1 refill: Upheld

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

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

Decision rationale: The request for Lidocaine 5% ointment #2 with 1 refill is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, it may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker was indicated to be on lidocaine 5% ointment for an unspecified duration of time. However, there was a lack of documentation in regard to the failed trial of antidepressants and anticonvulsants. There was also a lack of documentation in regard to a first line therapy to include tricyclics, SNRI antidepressants, or AEDs. Furthermore, the guidelines do not recommend the formulation of lidocaine as a cream, lotion, or gel. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.