

Case Number:	CM15-0132562		
Date Assigned:	08/06/2015	Date of Injury:	09/23/2010
Decision Date:	09/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 52 year old male who sustained an industrial injury on 09-23-2010. Current diagnoses include status post ACDF surgery, right shoulder sprain-strain with acromioclavicular degeneration, left shoulder sprain-strain and tendinosis, right elbow sprain-strain and medial epicondylitis, right carpal tunnel syndrome, and right wrist sprain-strain. Also included was seasonal affective disorder (SAD), sleep disturbance, and gastrointestinal upset with pain medications. Previous treatments included medications, surgical intervention, and psych evaluation and treatment. Report dated 06-01-2015 noted that the injured worker presented with complaints that included cervical spine pain with burning and radiation to the bilateral shoulders. The physician noted that the injured worker does not want any further invasive treatment just wants pain medications. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Current medications included Norco, tizanidine, and ibuprofen for pain and spasm, and narcosoft and prilosec for constipation and gastritis. Physical examination was documented as no changes since 09-22-2014. The treatment plan included prescribing Norco 10/325 BID #60 with 3 refills, ibuprofen 800mg BID #60 with 3 refills, tizanidine 4mg QHS #30 with 3 refills, Flurbiprofen cream with 3 refills, Prilosec 20mg QD #30 with 3 refills, and Narcosoft BID #60 with 3 refills. Disputed treatments include Norco 10/325 BID #60 with 3 refills, ibuprofen 800mg BID #60 with 3 refills, tizanidine 4mg QHS #30 with 3 refills, Flurbiprofen cream with 3 refills, Prilosec 20mg QD #30 with 3 refills, and Narcosoft BID #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 BID #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medications. Therefore the request for Norco 10/325 BID #60 with 3 refills is not medically necessary.

Ibuprofen 800mg BID #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). "They are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen." The documentation provided indicates that the injured worker's complaints are chronic and not an acute exacerbation. The injured worker has been prescribed this medication on a long-term basis. Therefore the request for Ibuprofen 800mg BID #60 with 3 refills is not medically necessary.

Tizanidine 4mg QHS #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, there is no documentation of functional improvement with the use of this medication. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Therefore, the request for Tizanidine 4mg QHS #30 with 3 refills is not medically necessary.

Flurbiprofen cream with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAID's), Topical analgesics Page(s): 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. As topical Flurbiprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. Also, the treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. Therefore, the request for Flurbiprofen cream with 3 refills is not medically necessary.

Prilosec 20mg QD #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided indicated that the injured worker had gastrointestinal complaints with use of the prescribed medications. Since prescribed medications have not been authorized, the request for Prilosec 20mg QD #30 with 3 refills is not medically necessary.

Narcosoft BID #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: ODG state that medical food is not recommended. Medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Narcosoft is a Nutritional Supplement containing of a blend of soluble fibers and natural laxatives that may help to relieve symptoms of occasional constipation. Records indicate weaning of narcotics in this injured worker. As per ODG dietary supplements/ vitamins are intended for specific dietary management of disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Review of medical records neither mention any rationale, nor any documentation of deficiency. Therefore the requested treatment: Narcosoft is not medically necessary and appropriate.