

Case Number:	CM15-0202067		
Date Assigned:	10/21/2015	Date of Injury:	04/28/2011
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 55 year old male who sustained an industrial injury on 4-28-11. A review of the medical records indicates he is undergoing treatment for subacromial tendinitis, lumbosacral spondylosis without myelopathy, a history of total left knee replacement, osteoarthritis of the shoulder, and long-term use of medications. Medical records (8-31-15, 9-28-15) indicate complaints of left knee pain, bilateral shoulder pain, back pain, and left elbow pain. The physical exam (9-28-15) reveals a pain rating of "5 out of 10" with medication and "10 out of 10" without medication. The injured worker reports that he receives 5 hours of sleep at night. He describes his pain as aching and sharp and indicates that medication lasts "2-3 hours". Lumbar spine range of motion is noted to be "abnormal". He is noted to have pain with range of motion. Straight leg raising in a supine position is positive bilaterally at 90 degrees. The straight leg raising test is noted to be negative in a sitting position. Patrick test is positive bilaterally. Sensation is noted to be "abnormal" on the right at S2 dermatome. Motor strength is noted to be "4 out of 5" on bilateral ankle dorsiflexion and bilateral hip abduction. Tenderness to palpation is noted over the facet joints. Treatment has included medications. His medications include Topamax, Voltaren gel, Flector patches, Lidoderm patches, Nexium, Pantoprazole, Naproxen, Norco, Clonazepam, Amitriptyline, Fioricet, and Neurontin. He has been receiving Norco, Clonazepam, Fioricet, Topamax, Flector patches, Lidoderm patches, Nexium, and Pantoprazole since, at least 6-20-15; Neurontin and Voltaren gel since, at least 7-13-15. The utilization review (10-8-15) includes requests for authorization of Norco 10-325mg #180, Clonazepam 1mg #90, Fioricet 10-300-40mg #120, Neurontin 300mg #90, Topiramate 50mg #60, Flector 1.3% patches

#60, Lidocaine 5% patches #60, Esomeprazole DR 40mg #30, Pantoprazole 20mg #60, and Voltaren gel 1% #9. Norco was modified to a quantity of 90 and Clonazepam was modified to a quantity of 42. The remainder of the medications were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. ACOEM does not support long-term use of opiates for pain management. The patient has been on opiates for several months. He is at risk for hyperalgesia and tolerance. The request is not medically necessary.

Clonazepam 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The patient has been on clonazepam for several months. MTUS does not recommend long term use of this medication because efficacy is unproven. The patient is at risk for dependence. The request is not medically necessary.

Fioricet 50-300-40mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Barbiturate-containing analgesic agents (BCAs) per MTUS, Chronic Pain Medical Treatment Guidelines, page 23: Barbiturates are: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. MTUS does not support the request for this treatment. MTUS indicates that barbiturates are not recommended for chronic pain. Therefore, the request is not medically necessary.

Neurontin/Gabapentin 300mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS page 16: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants: Recommended for neuropathic pain (pain due to nerve damage). Per MTUS page 18: Gabapentin (Neurontin, Gabarone™, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. The request for gabapentin is supported. Gabapentin is supported for the treatment of neuropathic pain, and the patient has neuropathic pain. He most likely has nerve damage. Gabapentin is medically necessary.

Topiramate 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS, page 21: Topiramate (Topamax, no generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The patient is on gabapentin, and the records do not confirm that gabapentin has failed to improve the patient's neuropathic pain. The request is not medically necessary because the records do not document the failure of other anti-convulsants.

Flector 1.3% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS page 111, Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS does not support chronic use of topical NSAIDs. The patient has been on topical NSAIDs for several months. The request exceeds guidelines and is not medically necessary.

Lidocaine 5% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical Lidocaine: Per MTUS, page 56: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient does not have post-herpetic neuralgia. MTUS does not support chronic use of this medication. The failure of a first line medication is not documented. The request is not medically necessary.

Esomeprazole DR 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(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 (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDs or peptic ulcer disease. The patient is not older than 65, is not on steroids

and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPIs for patients taking NSAIDS. The request is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as protonix, for prophylaxis use indicates that the following risk factors should be present, "(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 (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPIs for patients taking NSAIDS. The request is not medically necessary.

Voltaren gel 1% #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS page 111, Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS does not support chronic use of this medication. The failure of a first line medication is not documented. The request is not medically necessary.