

Case Number:	CM15-0026106		
Date Assigned:	02/20/2015	Date of Injury:	12/30/2003
Decision Date:	05/19/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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 52 year old female sustained an industrial injury on 12/30/03 with subsequent ongoing neck pain. Current diagnoses include postlaminectomy syndrome in the cervical region, cervical disc disease, cervicalgia, cervical radiculitis, muscle spasm, neck pain, and chronic pain syndrome. In a progress note dated 5/20/14 (the most recent documentation submitted for review), the physician noted that the injured worker was undergoing care for chronic pain issues. However, the injured worker's medications were being prescribed by her primary care physician. The physician noted that since he was providing no care to the injured worker, there was no need for him to continue to see her and that he was discharging her from his care. The physician noted that the injured worker tolerated the medications that he did prescribe well. The injured worker rated her pain 8/10 on the visual analog scale, which was worse than at her last visit. Physical exam was remarkable for tenderness to palpation to the cervical spine, lumbar spine and thoracic spine with spasms and decreased range of motion to the cervical spine. The provider indicated that he could no longer continue providing care for the injured worker. The injured worker was discharged from care at that time. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meperidine HCL 50mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

Decision rationale: The California MTUS Guidelines do not recommend Meperidine for chronic pain control. Therefore, the current request cannot be determined as medically appropriate. The guidelines do not support long-term use of opioid medication without an assessment; therefore, the request for Meperidine 50 mg with 5 additional refills would not be supported. Given the above, the request is not medically appropriate.

Esomeprazole Magnesium #90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

Alprazolam 1mg #270 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for the requested medication has not been established. The request for 2 additional refills would not be supported, as guidelines do not support long term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Ranitidine HCL 150mg #180 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: California MTUS Guidelines state, for treatment of dyspepsia secondary to NSAID therapy, the provider should discontinue the NSAID, switch to a different NSAID, or consider an H2-receptor antagonists or a PPI. There is no indication that this injured worker suffers from dyspepsia secondary to NSAID therapy. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Lidocaine patch 5% #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is recommended for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, there was no documentation of a failure of first line oral medication prior to the initiation of topical lidocaine. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Diclofenac sodium gel 1% #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAIDs is diclofenac 1% gel. It is indicated for the relief of osteoarthritis pain and has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request would not be supported in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Carisoprodol 350mg #270 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. According to the physician progress note, the injured worker was utilizing Zanaflex. There was no documentation of this injured worker's current utilization of Soma 350 mg. The request for 2 additional refills would not be supported as guidelines do not recommend long-term use of this medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.