

Case Number:	CM15-0028160		
Date Assigned:	02/20/2015	Date of Injury:	11/06/2013
Decision Date:	04/09/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/17/2015

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: Anesthesiology

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 47 year old female, who sustained an industrial injury on 11/06/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post left knee arthroscopy with medial meniscal resection, synovectomy, and chondroplasty of the medial femoral condyle and patella; low back pain possibly related to favoring the left lower extremity; and left knee internal derangement. Treatment to date has included medication regimen, above listed surgery, and magnetic resonance imaging of the left knee. In a progress note dated 12/30/2014 the treating provider reports ongoing complaints of pulsating and burning along with tenderness on palpation of the left knee. The treating physician requested the below listed medications noting these as the injured worker's current medication regimen, but the documentation provided did not indicate the specific reason for requesting a second opinion of the left knee or for the administration of a Toradol injection. On 01/16/2015 Utilization Review modified the requested treatments of Norco 10-325mg with a quantity of 120 to Norco 10-325mg with a quantity of 100 and Pantoprazole 20mg with a quantity of 60 to Pantoprazole 20mg with a quantity of 30 and non-certified the requested treatments of Protonix 20mg with a quantity of 60, Flexeril 10mg with a quantity of 30, second opinion for left knee, Lidoderm Patches 5% with a quantity of 30, and Toradol Injection 60mg intramuscular, noting the Medical Treatment Utilization Schedule 2009: NSAIDS, GI Symptoms & Cardiovascular Risk; and Opioids, page 74.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60: 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 PPI's Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, it is unclear why this patient is being prescribed Protonix (Pantoprazole) twice. Pantoprazole is the generic name for Protonix. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Also, the addition of Flexeril to other medications is not recommended, per MTUS guidelines. Based on the currently available information, the medical necessity for Flexeril has not been established. The requested medication is not medically necessary.

Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended.

Second Opinion for left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: The documentation provided did not indicate the specific reason for requesting a second opinion of the left knee. The request can be re-evaluated when more information is submitted for review. Medical necessity for a second opinion for the left knee has not been established. The requested referral is not medically necessary.

Pantoprazole 20mg #60: 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 PPI's. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI's.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Pantoprazole (Protonix), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, it is unclear why this patient is being prescribed Protonix (Pantoprazole) x2. Pantoprazole is the generic name for Protonix. Based on the available information provided for review, the medical necessity for Pantoprazole has not been established. The requested medication is not medically necessary.

Lidoderm Patches 5% #30: 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 Topical Analgesics Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm (Lidocaine patch).

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In this case, the patient has not clearly failed a first-line agent, nor is there documentation of this medication's efficacy. Medical necessity of the requested item has not been established. The requested Lidoderm patches are not medically necessary.

Toradol Injection 60mg IM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketorolac (Toradol).

Decision rationale: According to ODG, Ketorolac (Toradol) in the oral formulation should not be given as an initial dose, but only as continuation following intravenous (IV) or intramuscular (IM) dosing. Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. There is no clear indication as to why the patient requires an IM dose of this medication. Guidelines do not support the use of Toradol for chronic painful conditions. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.