MAXIMUS Federal Services

Case Number:	CM15-0083035		
Date Assigned:	05/05/2015	Date of Injury:	10/22/2010
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 51 year old female, who sustained an industrial injury on 10/22/2010. She has reported subsequent neck, low back, bilateral wrist and bilateral knee pain and was diagnosed with cervical and lumbar radiculopathy, lumbar disc protrusion, bilateral carpal tunnel syndrome and bilateral knee chondromalacia of the patella. Treatment to date has included oral and topical pain medication and aquatic therapy. In a progress note dated 02/26/2015, the injured worker complained of constant neck pain radiating to the left upper extremity with numbness and tingling, constant low back pain radiating to the bilateral lower extremities with numbness and tingling, constant bilateral wrist pain with numbness and tingling and bilateral knee pain. Objective findings were notable for tenderness of the lumbar spine, palpable spasms of the paravertebral muscles of the lumbar spine, patellar grinding in the knees and decreased sensation to light touch along the L5 and S1 nerve root distribution along the bilateral lower extremities. A request for authorization of Omeprazole, Cyclobenzaprine, Colace, Norco, Valium, Xanax, Thyroxine, Terocin, Flurbi NAP cream - LA, Gabacyclotram, Somnicin, Cardio innvervation, vasomotor adrenergic innervations, electrocardiogram, spirometry and pulmonary function test, stress testing, sleep disordered breathing respiratory study, including overnight pulse oximetry and nasal function studies to be performed for two nights at patients residence and Genicin was submitted

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter-PPI.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors, or is taking high dose NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Cyclobenzaprine 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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. Guidelines state that 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. In this case, there are no muscle spasms documented on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Colace 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/docusate-sodium.html and http://www.pdr.net/drug-summary/colace-capsules?druglabelid=1023&id=4#3.

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, Opioid Induced Constipation Treatment.

Decision rationale: The injured worker is prescribed stool softener to prevent constipation secondary to Narcotic medication. Medical Documentation does not maintain chronic constipation diagnosis and the injured worker does not present with any symptoms of constipation. Also chronic use of Norco is not advised. The requested treatment 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 rationale: According to the CA 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 the injured worker is taking it around the clock which is not the approved use of short acting narcotics; therefore, medical necessity of the requested item has not been established.

Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient requires both Valium and Xanax. In addition, there are no guideline criteria that support the long-term use of benzodiazepines. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Xanax 1mg #30: Upheld

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

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity of the requested medication has not been established.

Thyroxine (Synthroid) 137mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/levothyroxine.html.

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

Decision rationale: Synthroid is for treatment of hypothyroidism. The Medical documentation does not indicate that the patient has hypothyroidism, no lab values are provided and there is a lack of any clinical data to support the relationship of this diagnosis with the industrial injury of this worker. The requested treatment is not medically necessary.

Terocin 120ml: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics 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 including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Terocin, which is not recommended as a topical agent per CA MTUS Guidelines.

There is no peer-reviewed literature to support its use. It is also clear that the patient is able to use oral medications and there is no rationale provided for the use of topical/compounded cream. Medical necessity for the requested topical analgesic has not been established.

Flurbi NAP Cream - LA 180gm: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics 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 including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, there is no documentation provided necessitating Flurbiprofen cream. There is no documentation of intolerance to other previous medications. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Medical necessity for the requested Fluriprofen cream has not been established. The requested treatment is not medically necessary.

Gabacyclotram 180gm: 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): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants 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 including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Gabacyclotram , which is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. It is also clear that the patient is able to use oral medications and there is no rationale provided for the use of topical/ compounded cream. Medical necessity for the requested topical analgesic has not been established.

Somnicin #30: 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 Insomnia treatment, Chronic Pain.

Decision rationale: According to the ODG, melatonin is recommended for insomnia treatment. Melatonin also has an analgesic effect in patients with chronic pain. Somnicin contains melatonin, 5-HTP, L-tyrptopan, Vitamin B6 and magnesium. The documentation is not clear about this patient's a sleep disturbance. Failure of Non-pharmological treatment has not been documented. No evidence is provided that the worker is deficient in any nutrients. The requested treatment is not medically necessary.

Cardio Innervation, Vasomotor Adrenergic Innervation: 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 uptodate.

Decision rationale: Medical records do not provide enough information why Cardio Innervation, Vasomotor Adrenergic Innervations is requested, and its relationship with the industrial injury of this worker. Worker has no symptoms of heart disease or abnormal autonomic symptoms. The requested treatment is not medically necessary.

EKG: 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 uptodate.

Decision rationale: Medical records do not provide enough information why EKG is requested, and its relationship with the industrial injury of this worker. Worker has no symptoms of heart disease or abnormal findings on exam. The requested treatment is not medically necessary.

Spirometry and pulmonary function test: 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 uptodate.

Decision rationale: Medical records do not provide enough information why Spirometry and pulmonary function test is requested, and its relationship with the industrial injury of this worker.No Documentation is provided how the results of these tests will change the current treatment plan. Worker has no respiratory symptoms. The requested treatment is not medically necessary.

Stress Testing: 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 uptodate.

Decision rationale: Medical records do not provide enough information why this test is requested, and its relationship with the industrial injury of this worker. Worker has no symptoms of heart disease or abnormal findings on exam. The requested treatment is not medically necessary.