MAXIMUS Federal Services

Case Number:	CM14-0115651		
Date Assigned:	08/04/2014	Date of Injury:	07/25/2001
Decision Date:	10/08/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury on 07/25/2001. She sustained injuries to her right hip and left knee. The injured worker's treatment history included epidural steroid injections, medications, magnetic resonance imaging (MRI) studies, x-rays, Electromyogram (EMG) and Nerve Conduction Studies (EMG/NCV) studies, bone scan study, physical therapy, and medications. The injured worker had a urine drug screen on 06/24/2014 that was positive for temazepam, oxazepam, and nordiazepam. The injured worker was evaluated on 07/22/2014 and it is documented the injured worker complained of low back, bilateral hip, and bilateral knee sharp, stabbing pain, stiffness, weakness, and generalized discomfort. The injured worker has had a good but very partial response to treatment. Objective findings revealed reduced range of motion of the lumbosacral spine, hips, and knees in all planes with tender, painful bilateral paraspinal muscular spasms. Hips and knees bilaterally are both acutely and chronically inflamed and swollen. The injured worker was status post multiple cervical procedures, including multiple and many knee replacements to both knees. The injured worker had reduced strength in distribution of the bilateral femoral nerves and reduced sensation and strength in the distribution of the left sciatic nerve and right S1 spinal nerve root distribution with absent right ankle deep tendon reflex. The left knee was hotly inflamed and popped not just once a day but twice a day during the day. Diagnoses included left knee total replacement is, in fact, pinching the left sciatic nerve and giving the injured worker a left sciatica, and bilateral multiple joint replacement surgeries with both sequelae and complications, particularly with regard to the left knee replacement. The left knee was bigger, pinching, and you can feel it wobbling. The injured worker's left big knee was pinching the left sciatic nerve. The left knee injury has caused a left hip injury, as well as lumbosacral spine disc syndrome. Left hip injury was caused by left

knee injury with the left sciatica and left acute and chronic trochanteric bursitis. Lumbosacral spinal disc syndrome was caused by the left knee injury with strain/sprain disorder and radiculopathy. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official disabilities guidelines

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

Decision rationale: The request for the Flector patch 1.3% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended. Flector patches contain Lidocaine 4% and menthol 4%. The guidelines state that there are no other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains Lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management, or a home exercise regimen. In addition, there was no documentation provided on frequency, duration, or location where the Flector patches would be applied. As Flector patches contain Lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request is not medically necessary.

Tamazepam (restoril) 30mg: 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 Benzodiazepines Page(s): 24..

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend benzodiazepines for long term use because long term use because 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and

muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the visual analog scale (VAS) scale to measure functional improvement after the injured worker takes the medication. As such, the request for Tamazepam (restoril) 30mg is not medically necessary.

Pantoprazole (protonix) 40mg: Upheld

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

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

Decision rationale: The requested is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation failed to indicate that the injured worker having gastrointestinal events however, the provider failed to indicate the frequency and duration and quantity medication on the request that was submitted. There was lack of documentation of conservative care outcome measures such as, home exercise regimen. The provider failed to indicate long-term functional goals, medication pain management outcome measurements for the injured worker. Given the above, the request for Pantoprazole (Protonix) 40 mg is not medically necessary.

Carisoprodol (soma) 350mg: 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 Muscle Relaxants Page(s): 63..

Decision rationale: The requested Soma 350 mg is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). Furthermore, there was lack of documentation on the injured worker using the visual analog scale (VAS) scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Carsioprodol (Soma) 350 mg is not medically necessary.

Diazepam (valium) 10mg: 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 Benzodiazepines Page(s): 24..

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the visual analog scale (VAS) scale to measure functional improvement after the injured worker takes the medication. The request failed to include frequency, duration and quantity. As such, the request for Diazepam (Valium) 10 mg is not medically necessary.