

Case Number:	CM14-0116457		
Date Assigned:	08/06/2014	Date of Injury:	03/24/2011
Decision Date:	10/09/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 27 year old female was reportedly injured on March 24, 2011. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of low back and right foot pain. The physical examination demonstrated a 5'5", 146 pound individual reported to be in no acute distress, lower extremity strength is described as 5/5 and sensation is intact with the exception of a slight decrease in the L5 to S1 dermatome, tenderness to palpation of the lower lumbar spine, antalgic a pattern is reported, tenderness to palpation of the medial malleolus of the bilateral lower extremities. Previous treatment includes a podiatry consultation, right ankle surgery, lumbar epidural steroid injections, steroid injections into the feet, multiple medications, electro-diagnostic assessment, physical therapy and pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Keto/Lido 7/10/5%: 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): 113 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. Furthermore, the electrodiagnostic assessment did not identify a radiculopathy as such; there is no objectification of a neuropathic lesion. Therefore, this request is not considered medically necessary.

Promolaxin 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

Decision rationale: A literature search notes and this is a stool softener used to treat occasional constipation. The chronic pain medication treatment guidelines for stool softeners for employed. It is noted that there are no complaints of constipation reported by the injured employee, nor are there any physical examination findings to suggest same. Therefore, the clinical indication for this medication has not been established.

Fiorinal (Butalbital compound/ASA) 50/325 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 of 127.

Decision rationale: Fiorinal contains the medication Butalbital which belongs to a group of drugs known as barbiturates. As such, this is considered a Barbiturate containing analgesic agents (BCAs). These medications 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. Furthermore, there is no indication in the progress notes reviewed that this medication is demonstrating any efficacy or utility. As such the medical necessity has not been established.

Protonix 40mg: 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- TWC) Pain Procedure Summary last updated 06/10/2014 .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This medication is a protein pump inhibitor useful for the treatment gastroesophageal reflux disease. This can also be considered as a gastric protectorate for individuals utilizing nonsteroidal medications. However, there is no documentation of a gastrointestinal distress or dysfunction scenario. Therefore, when noting the subjective complaints offered tempered by the lack of any physical examination findings there is no clear clinical indication presented for the medical necessity of this medication.

Lidocaine patch 5%: 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): 56 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain, identify a neuropathic pain generator, or the efficacy of this medication. Also noted is a lack of identification of a trial of first line medications. As such, this request is not medically necessary.

Ondansetron: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated October 2014

Decision rationale: The parameters noted in the ODG were employed. As noted by the Food and Drug Administration (FDA), this medication has been approved for nausea vomiting secondary to chemotherapy, radiation treatment and postoperative period now these clinical situations is noted to be present in this clinical situation. As such, the medical necessity for this medication has not been established.