

Case Number:	CM14-0120178		
Date Assigned:	08/06/2014	Date of Injury:	05/10/2011
Decision Date:	10/08/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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. 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 48-year-old female who reported an injury on 05/10/2011. The mechanism of injury was not provided. Her diagnoses include lumbago and myofascial pain syndrome. Her past treatments were noted to include chiropractic care, injections, and medications. On 06/09/2014, the injured worker presented with complaints of worsening low back pain. She also reported bilateral leg pain. She rated her pain 9/10 with medications. Her medications were noted to include Norco 10/325 mg, Prilosec 20 mg, and Relafen 750 mg. The treatment plan included medication refills and the addition of Flector 1.3% patches and Sonata 10 mg. Her provider recommended that she continue with her medications as they were partially effective. It was also noted that she did have a history of substance abuse but had not shown aberrant behavior, was doing well with her current medications. The Flector patches were prescribed as they were noted to work better than Lidoderm patches, which she had previously been given. It was also noted that Sonata was prescribed for sleep. The formal request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flector 1.3% Transdermal 12 hour patch, 2, TOP, q12hrs, 30 days, refills: 3 for total of 60 for Bilateral Low Back Area: 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), Pain, Flector[®] Patch (Diclofenac Epolamine).

Decision rationale: According to the Official Disability Guidelines Flector patches are not recommended as first line treatment and should be reserved for patients with osteoarthritis who have failed an oral NSAID or for whom oral NSAIDs are contraindicated. Additionally, the guidelines specify that topical diclofenac should only be considered after considering the increased risk profile with diclofenac. The guidelines state that Flector patches are also FDA approved for acute strains, sprains, and contusions. The clinical information submitted for review indicated that the injured worker had previously been prescribed Lidoderm patches, but the provider was unsure why she had been prescribed those and he indicated that he would prescribe Flector patches as they seemed to work better. However, clear documentation showing evidence of significant pain relief and increased function with use of these patches was not provided. In addition, the documentation does not indicate that the increased risk profile with diclofenac was discussed and agreed upon. Further, the documentation shows that the injured worker is utilizing an oral NSAID medication at this time. Therefore, clarification is needed regarding the necessity of an added topical NSAID. For these reasons, the request is not medically necessary.

Prilosec 20mg capsule delayed release, 1 capsule, PO, BID, 60 days, for a total of 120:
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 NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69..

Decision rationale: According to the California MTUS Chronic Pain Guidelines proton pump inhibitors may be supported for patients with complaints of dyspepsia related to NSAID therapy or for those taking NSAID medications that have been found to be at increased risk for gastrointestinal events. The clinical information submitted for review indicates that the injured worker was utilizing Relafen, an NSAID medication. However, there was no documentation indicating that she had complaints of dyspepsia or that she had significant risk factors for gastrointestinal events. In the absence documentation showing significant gastrointestinal complaints or risk factors, use of a proton pump inhibitor in additional to NSAID therapy is not supported. As such, the request is not medically necessary.

Sonata 10mg Capsule, 1, PO, BID, 60 days, for a total of 120: 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), Pain, Insomnia Treatment.

Decision rationale: According to the Official Disability Guidelines nonbenzodiazepine sedative-hypnotics can be used as first line medications for insomnia. Specifically, Sonata is noted to address the sleep latency component of insomnia. However, the guidelines specifically that this medication is only recommended for short term use, specified as 7 to 10 days. The clinical information submitted for review indicated that the injured worker was prescribed Sonata for sleep. However, details regarding a history of insomnia were not provided, including the type of insomnia and previous treatments tried and failed. In addition, the guidelines specify that Sonata is only recommended for short term use, specified as 7 to 10 days. Therefore, the request for a sixty day supply of this medication is not supported. For the reasons noted above, the request is not medically necessary.