

Case Number:	CM14-0124911		
Date Assigned:	09/25/2014	Date of Injury:	10/22/2001
Decision Date:	10/27/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 43-year-old male with a date of injury of 10/22/2001. The listed diagnoses per [REDACTED] are traumatic brain injury secondary to head trauma from 2001 with subsequent headaches, posttraumatic dystonia, right upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, bilateral lower extremity radiculopathy, depression, right shoulder impingement syndrome, urologic dysfunction, medication-induced gastritis and cervical spine cord stimulator 2013. According to progress report 07/09/2014, the patient presents with ongoing pain in the neck and back, with headaches. The patient is able to manage his pain with his medications. Examination of the lumbar spine revealed pain to palpation throughout the lumbar musculature. Straight leg raise in a sitting position is positive bilaterally, right greater than left. There is decreased sensation in the lower extremity bilaterally about the L5 distribution. The provider is requesting a refill of medications. Utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 DOS 07/09/2014: 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 Long-term Opioid use Page(s): 88-89.

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Norco 10/325 mg #180. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of progress reports from 01/27/2014 through 06/11/2014 does not provide pain assessment utilizing a pain scale or any discussion of functional improvement with taking Norco. In fact, report 04/22/2014 indicates the patient is "basically wheelchair bound. And he cannot do activities of daily living, he cannot cook for himself, and he cannot clean." It appears the patient is not receiving benefits from taking opioids. Furthermore, the treater does not discuss possible aberrant behaviors or adverse side effects and there are no urine drug screens to monitor the medications. Given the lack of sufficient medication for opiate management, recommendation is for denial.

Prilosec 20mg #60 DOS 07/09/2014: 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): 69.

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Prilosec 20 mg #60. Utilization review denied the request stating, "There are no clear details provided why the patient requires the prescription of Prilosec as opposed to using an over-the-counter proton pump inhibitor." The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the medical records indicate that the patient has been taking NSAID on a long-term basis and has a diagnosis of gastritis. The requested Prilosec is medically necessary and recommendation is for approval.

Fexmid 7.5mg #60 DOS 07/09/2014: 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Fexmid 7.5 mg #60. The MTUS page 64 states that cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the medical records indicate the patient has been taking Fexmid since 1/27/14. Long-term use of this medication is not supported. Recommendation is for denial.

Dilantin #240 DOS 07/09/2014: 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 ODG guidelines use of anti-epileptic drugs for chronic pain

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Dilantin #240. Utilization review denied the request stating, "no clear detail was provided as to what specific workup has been done with regard to the seizures issues." MTUS Guidelines page 16 and 17 discuss antiepileptic drugs for chronic pain. Dilantin (phenytoin) is an anti-epileptic drug and is also used to control seizures. Medical records indicate the patient has been taking Dilantin since at least 01/27/2014. The treater has noted that patient has had 2 seizure episodes so far, with the insurance carrier denying this medication. In this case, the treater is prescribing this medication for patient's seizures, which has been controlled previously with Dilantin. Recommendation is for approval.

Neurontin #90 DOS 07/09/2014: Overturned

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 Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Neurontin #90. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." Utilization review denied the request stating there is no indication of objective neuropathic pain condition. In this case, the patient has ongoing pain in his neck and back with radicular symptoms and the reports a decrease in pain with his current medication regimen, which includes Neurontin. Continuation of this medication is indicated given its efficacy and recommendation is for approval.

Flomax #30 DOS 07/09/2014: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: www.drugs.com

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting a refill of Flomax #30. Utilization review denied the request stating, "There is no clear detail provided why the Flomax is required and how this has been helpful." Review of the medical file indicates the patient has been prescribed this medication since 2013. The ACOEM, MTUS, and ODG guidelines do not specifically discuss Flomax. www.drugs.com/Flomax states, "Flomax (tamsulosin) belongs to a group of drugs called alpha-adrenergic blockers. Flomax relaxes the muscles in the prostate and bladder neck, making it easier to urinate. Flomax is used to improve urination in men with benign prostatic hyperplasia (enlarged prostate)." In this case, the treater has noted that this medication has been helpful in patient's significant urinary retention. Recommendation is for approval.

Lidopro 121 mg DOS 07/09/2014: 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 creams Page(s): 111.

Decision rationale: This patient presents with ongoing pain in the neck and back, with headaches. The treater is requesting LidoPro topical cream. LidoPro compound cream contains capsaicin, lidocaine, menthol and methyl salicylate. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Recommendation is for denial.