

Case Number:	CM14-0127327		
Date Assigned:	08/15/2014	Date of Injury:	06/09/2008
Decision Date:	09/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/12/2014

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 & Rehabilitation and Pain Medicine 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 44-year-old male who reported an injury on 06/09/2008 due to a lifting injury. On 07/11/2014, the injured worker presented with low back pain, left knee pain, and emotional distress. Upon examination of the lumbar spine, there was left calf atrophy and tenderness to palpation over the midline lower lumbar spine with tightness and tenderness to the paraspinal muscles. There was a positive bilateral straight leg raise, decreased sensation to the left L4-S1 and decreased range of motion. Examination of the left knee revealed tenderness to palpation to the interior joint line. Diagnostic testing included an MRI of the left knee performed 05/02/2014 that revealed a vertical tear of the posterior medial meniscus near its root, bone marrow edema on the medial knee and chondral defects. The diagnoses were left knee internal meniscus tear status post surgery on 11/02/2009, re-tear of the posterior horn of the medial meniscus, osteochondral defect of the left medial femoral condyle, bilateral radiculitis and neurogenic claudication secondary to bilateral L4-5 lateral recess stenosis, L4-5 and L5-S1 intervertebral disc displacement, lumbar sprain/strain superimposed on injuries from a motor vehicle accident, chronic myofascial pain with secondary sleep disturbance and poor coping, and major depression as diagnosed. A current medication list was not provided. The provider recommended nabumetone, Norco, Flexeril, omeprazole, and Menthoderm; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Nabumetone 500mg #30 was not medically necessary. The California MTUS Guidelines state that NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is general recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication was not provided. The provider does not state the efficacy of the medication in the request as submitted. As such, medical necessity has not been established.

Norco 5/325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid classification: short-acting/long-acting.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 5/325mg #20 is not medically necessary. The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse, behavior and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Flexeril (Cyclobenzaprine) 7.5mg #60: 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 Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril (Cyclobenzaprine) 7.5mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment. This suggest that short courses may be better and treatment should be brief. The request for Flexeril

(Cyclobenzaprine) 7.5mg #60 exceeds the guideline recommendation of short term therapy. The provided medical records lack documentation of the objective functional improvement with the medication. The provider's rationale was not provided within the documentation. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

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 GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Omeprazole 20mg #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitor may be recommended for injured workers dyspepsia secondary to NSAID therapy or for those taking NSAID medications who have moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication was not provided. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Menthoderm 120gm: Upheld

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

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

Decision rationale: The request for Mentoderm 120gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug is not recommended is not recommended. The guidelines state that Lidoderm is the only topical form of lidocaine that is recommended for topical treatment. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, and adenosine). There is little to no research to support the use of many of these agents. There is a lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does indicate the site that the cream is intended for or the frequency in the request as submitted. As such, medical necessity has not been established.