

Case Number:	CM14-0134917		
Date Assigned:	08/27/2014	Date of Injury:	02/11/2005
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Louisiana. 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 49 year old male who sustained an injury 02/11/2005. The mechanism of injury is unknown. Progress report dated 07/07/2014 states the patient presented with complaints of low back pain and bilateral lower extremity pain levels. He reported he is unable to lose weight because the pain prevents him from doing any physical activity. He reported excessive daytime sleepiness. He did not report a VAS with pain medications. Objective findings on exam revealed no significant findings. He is diagnosed with chronic pain, GERD, anxiety, sleep disorder, hypogonadism, opiate medication induced; dyslipidemia; hypothyroidism; and right-sided plantar fasciitis secondary to gait disturbance. The patient has been recommended for Hydrocodone/APAP, Naproxen, Carisoprodol, Dilantin and Lipitor, Prior utilization review dated 07/07/2014 states the request for 1 prescription Dilantin 100 mg 5 capsules daily is not warranted; 1 prescription Hydrocodone/APAP 10/325 mg 1 tablet 4 times daily; 1 prescription Naproxen 500 mg 1 tablet BID with meals is not certified as there is a lack of evidence to support the request; 1 prescription Carisoprodol 350mg 1 tablet BID is not warranted; 1 prescription Lipitor is denied as statins are not recommended as first line treatment; and 1 follow-up exam is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Dilantin 100mg 5 capsules daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anti-epilepsy drugs (AEDs) for pain Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/dilantin-drug/patient-images-side-effects.htm>

Decision rationale: The Official Disability Guidelines states that anti-epileptic drug is recommended for neuropathic pain. Dilantin has been shown to have limited effectiveness to treat neuropathic pain with the exception for possible use in acute flares above baseline, and then given as an IV injection. The supporting documentation for the use of Dilantin in this case, does not meet the guideline recommendation therefore, the request is not medically necessary.

1 prescription Hydrocodone/APAP 10/325 mg 1 tablet 4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is a lack of supporting documentation showing any sustainable improvement in pain and long term use of Hydrocodone is not recommended by the guidelines. The request is not medically necessary.

1 prescription Naproxen 500mg 1 tablet BID with meals: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, there is no significant improvement in pain and the use of Naproxen has been exceeded by the guideline recommendations. Therefore, the request is not medically necessary.

1 prescription Carisoprodol 350mg 1 tablet BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 24.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short term use. In this case, the supporting documentation indicated the use of Carisoprodol since 2009 and long term use is not recommended by the guidelines therefore, this request is not medically necessary.

1 prescription Lipitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Statins Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/lipitor-drug/patient-images-side-effects.htm>

Decision rationale: CA MTUS is silent regarding the request. According to the Official Disability Guidelines, Lipitor, statins, are not recommended as first-line treatment for diabetics. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of diabetes mellitus with the use of all types of statins. In this case, the supporting documentations have exceeded the guideline recommendation by using Lipitor as a first-line treatment and increasing risk of diabetes. The request for this medication is not medically necessary at this time.

1 follow-up exam: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2, and Gestational)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 - Independent Medical Examinations And Consultations Pages 503-524 Official Disability Guidelines (ODG), Low Back, Office visit

Decision rationale: CA MTUS/ACOEM and ODG recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Based on the supporting documentations of

multiple medical conditions and prior utilization request certified for one follow-up exam is recommended for continued treatment. This request is medically necessary.