

Case Number:	CM14-0145654		
Date Assigned:	09/12/2014	Date of Injury:	12/09/2004
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 67-year-old male who reported an injury on 12/09/2004 reportedly when he slipped and fell and sustained injuries to his back and knees. The injured worker's treatment history included surgery, epidural steroid injections, medications, spinal cord stimulator, and MRI studies. The injured worker was evaluated on 08/06/2014 and it was documented the injured worker complained of bilateral neck pain, left greater than right, that radiated to the bilateral upper extremities, causing mild weakness, heaviness, severe numbness, tingling, and mild spasm. The injured worker had depression due to chronic pain. The injured worker was currently taking multiple medications. The pain was rated 7/10 to 8/10 on the pain scale. The injured worker had tried NSAIDs but the pain had not improved. On physical examination, the injured worker had difficulty walking on his heels due to the pain. There was paralumbar spasm and tenderness on the right side. The range of motion was restricted due to pain. The straight leg raising test was positive at 40 degrees on the right. Lower extremity deep tendon reflexes were absent at the knees and sensation to light touch was decreased on the left lateral thigh and the left lateral calf. Medications included Neurontin 800 mg, Ambien CR 12.5 mg, Xanax 0.5 mg, Monistat Derm cream 2%, Flector patch 3%, Medrol Dosepak tablet 4 mg, and Diflucan 150 mg. Diagnoses included lumbar disc displacement, lumbar radiculopathy, low back pain, depressive disorder, and skin disorder. The injured worker had a urine drug screen on 03/13/2014 that was positive for opioid usage and zolpidem. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diflucan 150mg #7: 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 Other Medical Treatment Guideline or Medical Evidence: Drugs.com

Decision rationale: The request for Diflucan 150mg #7 is not medically necessary. Per drugs.com, Diflucan is an antifungal medication. Diflucan is used to treat infections caused by fungus, which can invade any part of the body including the mouth, throat, esophagus, lungs, bladder, genital area, and the blood. Diflucan is also used to prevent fungal infection in people with weak immune systems caused by cancer treatment. It is noted that the injured worker has a skin disorder. However, there is no clear indication why this medication is being required for the injured worker. Additionally, the request failed to include the frequency and duration of the medication. As such, the request for Diflucan 150mg #7 is not medically necessary.

Silver Sulfadiazine cream 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 07/10/201

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns Silver Sulfadiazine

Decision rationale: The request for Silver Sulfadiazine cream 1% is not medically necessary. The Official Disability Guidelines (ODG) recommend silver sulfadiazine combined with cerium nitrate (CN) was found to be more effective than topical SSD alone in treating severely burned patients. The SSD CN combination led to more rapid healing and shorter hospital stays in one randomized controlled trial. In the documentation submitted for review, the provider failed to indicate the rationale why he was requesting silver sulfadiazine cream 1% for the injured worker. Additionally, the request failed to include the frequency, duration, and location where silver sulfadiazine cream 1% would be used on the injured worker. As such, the request for Silver Sulfadiazine cream 1% is not medically necessary.

Xanax 0.5mg #60: Upheld

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

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

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain medication or management, and a home exercise regimen. Given the above, the request for Xanax 0.5 mg # is not medically necessary.

Monistat Derm cream 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 07/10/201

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: Drugs.com

Decision rationale: The request for Monistat Derm cream 2% is not medically necessary. Per drugs.com, Monistat Derm cream is used for treating athletic foot, jock itch, or ring worm in relieving the itching, scaling, burning, and discomfort due to those conditions. It may be used to treat yeast infections of the skin or scaly patch of the skin caused by fungus. It may also be used in other conditions as determined by your doctor. Monistat Derm cream is an antifungal. It works by weakening the fungal cell membrane, which kills the fungus. The provider failed to indicate the rationale why he was requesting Monistat Derm cream 2% for the injured worker. Additionally, the request failed to include the frequency, duration, and location where Monistat Derm cream is to be applied on the injured worker. As such, the request for Monistat Derm cream 2% is not medically necessary.

Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The request for Oxycodone 30 mg # 180 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, pain medication management or home exercise regimen outcome improvements noted for the injured worker. As such, the request is not medically necessary.

Flector patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, updated 07/10/2014

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

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The request that was submitted failed to include quantity, duration, frequency, and location where Flector patches are supposed to be used for the injured worker. As such, the request for Flector patch is not medically necessary.