MAXIMUS Federal Services

Case Number:	CM14-0148711		
Date Assigned:	09/19/2014	Date of Injury:	09/11/2006
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/12/2014

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 Orthopedic Surgery, has a subspecialty in Sports Medicine and is licensed to practice in Arkansas and Texas. 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 male who reported an injury on 09/11/2006. The mechanism of injury is not provided. On 07/25/2014 the injured worker presented with complaints of lumbar spine and left wrist pain. Upon examination the injured worker ambulates with a 1 pointed cane, and there was decreased spasm and tenderness in the paravertebral muscles of the lumbar spine with an "increased range of motion" on flexion and extension. There is a positive left sided Phalen's test with decreased sensation in C6 and C7 dermatomal distributions. There is tenderness noted in the dorsal aspect of the left wrist bilaterally. The current medications include Paxil and gabapentin. The diagnoses included carpal tunnel syndrome, wrist tendonitis/bursitis, and lumbar disc disorder with myelopathy. The provider recommended Norflex, Norco, Prilosec, and a therapeutic cream. The provider's rationale is not provided. The Request For Authorization form was not included in the medical document for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish overtime. Prolonged use of some medications in this class may lead to dependence. The provider's request for Norflex with a quantity of 60 exceeds the guideline recommendation of short term treatment. 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.

Norco 5/325mg #60: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proper medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, evaluation for risks of aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

Therapeutic Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-119.

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

Decision rationale: The request for therapeutic cream 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 1 drug that is not recommended is not recommended. 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. The provider's request for therapeutic cream does not indicate what the therapeutic cream is comprised of, the quantity, dose, frequency, or the site that is intended for in the request as submitted. As such, medical necessity has not been established.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The request for Prilosec 20 mg #90 is not medically necessary. According to California MTUS Prilosec may be recommended for patients with dyspepsia secondary to NSAIDs therapy for those taking NSAIDs medications that are at moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker has diagnoses congruent with the guideline recommendation for Prilosec. Additionally, the injured worker is not a moderate to high risk for gastrointestinal events. 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, the medical necessity has not been established.