

Case Number:	CM14-0162187		
Date Assigned:	10/07/2014	Date of Injury:	10/31/2012
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 26 year old female with a listed date of injury of 10-31-2012. Her diagnoses include lumbago, lumbar strain/sprain, and sciatica. The reviewed records are extremely limited and include only one progress note and recent utilization reviewer findings. The note from 9-21-2014 states the complaint is unchanged low back pain with radiation into the lower extremities, left greater than the right, and that ultrasound is not helping. There is a notation that the injured worker is taking 2 Norco tablets a day. The examination states that there is mild lumbosacral tenderness and that she flexes to reach the knees. The treating physician requested referral to pain management to consider epidural injections. The utilization reviewer summary noted that Flexeril had not been prescribed since 7/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg Q 6 hours prn #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The above guidelines stipulate that for those requiring chronic opioids that there is ongoing evaluation of pain relief, functionality, adverse drug reactions, and any aberrant drug taking behavior. The visual analog scale is commonly employed to rate pain from 1-10. The guidelines state that opioids should be discontinued if there is no improvement in pain and functionality as a result of opioid use. In this instance, the very limited information provided does not suggest a benefit from opioids in terms of pain or functioning. Therefore, Norco 5/325mg Q 6 hours prn #60 with no refills is not medically necessary based upon the records available for review.

Flexeril 7.5mg #30 with no refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Flexeril (cyclobenzaprine) is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this instance, it seems the intention of the Flexeril prescription is for short term usage based upon the quantity requested and that no refills were sought. Additionally, the prescription does not seem to be recurring every month. Therefore, Flexeril 7.5mg #30 with no refill is medically necessary.

Diclofenac Sodium ER 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain

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

Decision rationale: Diclofenac is not recommended as first line due anti-inflammatory to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. Another meta-analysis supported the substantially increased risk of stroke with Diclofenac, further suggesting it not be a first-line NSAID. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In

2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. In this instance, there is no evidence to suggest that other, potentially safer NSAID's have been tried and failed. Therefore, Diclofenac Sodium ER 100mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: When prescribing NSAID's, the treating physician should determine the risk of gastrointestinal side effects and ask if the patient is/has: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). If none of the conditions exist, then co-administration of a proton pump inhibitor like omeprazole is unnecessary. In this instance, it would seem that none of the above conditions exist based on the limited amount of records available for review, and therefore Omeprazole 20mg #60 is not medically necessary.

Menthoderm Gel 120ml x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

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

Decision rationale: Menthoderm Gel is a compounded formulation which contains menthol and the NSAID methyl salicylate. Topical anti-inflammatories are generally acceptable for use up to 12 weeks for easily penetrable joints like the elbows and knees. The above referenced guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not a recommended component of topical pain relieving formulations. Additionally, it appears that the Menthoderm is not likely being used to treat osteoarthritis of the knees or elbows. Hence, Menthoderm Gel 120ml x2 is not medically necessary.

TENS electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, TENS (transcutaneous electrical nerve stimulation)

Decision rationale: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. In this instance, the records provided for review say nothing about recent TENS usage in terms of pain, functionality, length of use, etc. Because justification is lacking for a TENS unit from the records provided, the ancillary equipment associated with these units, such as electrodes, must be considered medically unnecessary. Therefore, this request is not medically necessary.