

Case Number:	CM14-0183445		
Date Assigned:	11/10/2014	Date of Injury:	07/10/2007
Decision Date:	12/16/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal 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 patient is an injured worker with a history of injuries to the head, neck, and back. Mechanism of injury was physical assault. Date of injury was 07-10-2007. Initial pain management and internal medicine consultation report dated October 13, 2014 documented a medical history of right carpal tunnel release, bilateral shoulder surgery, prostate cancer, prostatectomy, and hypertension. Medications included Norco 10/325 mg, Naprosyn, Tizanidine, Omeprazole, Xanax, Lidocaine patch, Metamucil, Cymbalta, Hydrochlorothiazide, and Norvasc. Physical examination was documented. Weight was 245 pounds. Blood pressure was 162/98. Lungs were examined. Breath sounds are symmetrical. There are no rhonchi or rales. The expiratory phase is within normal limits. Cardiovascular examination revealed regular rate and rhythm without murmur, gallop or click. The abdomen was soft, nontender and without hepatosplenomegaly or masses. No bruit is noted. He has decreased grip on both hands noted. He has decreased range of motion of the shoulders bilaterally. Motor function is 4+/5. He has cervical spine tenderness and spasm noted. He has lumbar spine tenderness and spasm noted. Diagnoses included posttraumatic stress disorder, status post assault, head injury, insomnia, status post bilateral shoulder surgery, status post bilateral carpal tunnel surgery, cervical spine radiculopathy, lumbar spine strain, and hypertension. Treatment plan included Norco 10/325 mg, Omeprazole, Lidoderm patch, Cymbalta, Norvasc, Hydrochlorothiazide, Valium, and a pain contract. A chemistry panel was performed on this patient to assess his liver function and renal function since he has not had any studies done. Naprosyn, Tizanidine, and Xanax were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chemistry panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Liver and Kidney Function Tests.

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: FDA Prescribing Information Hydrochlorothiazide
<http://www.drugs.com/pro/hydrochlorothiazide.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address laboratory tests for hypertension. FDA Prescribing Information for Hydrochlorothiazide recommends laboratory tests. Periodic determination of serum electrolytes to detect possible electrolyte imbalance should be done at appropriate intervals. Medical records document that the patient has hypertension managed with Norvasc and Hydrochlorothiazide. FDA guidelines recommend laboratory tests and periodic determination of serum electrolytes for patients prescribed Hydrochlorothiazide. Therefore, the request for a chemistry panel is supported. Therefore, the request for Chemistry panel is medically necessary.

Norco 10/325mg, #120: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Initial pain management and internal medicine consultation dated October 13, 2014 documented a medical history of right carpal tunnel release, bilateral shoulder surgery, prostate cancer, prostatectomy, cervical spine radiculopathy, lumbar spine strain, and hypertension. Medications included Norco 10/325mg eight tablets daily. Treatment plan included Norco 10/325mg four tablets daily. Norco frequency was decreased. A pain contract was given to the patient. Medical records document objective evidence of pathology. Urine drugs screen dated 6/5/14 was consistent. The request for 120 tablets of Norco 10/325mg is a one month supply. MTUS guidelines and medical records support the request for Norco 10/325mg, #120. Therefore, the request for Norco 10/325mg, #120 is medically necessary.

Valium 5mg, #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines and on Other Medical Treatment Guideline or Medical Evidence: Work Loss Data Institute Bibliographic Source: Work Loss Data Institute Pain (chronic). Encinitas (CA): Work Loss Data Institute; 2013 Nov 14. Guideline Gov.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Work Loss Data Institute guidelines for Pain (chronic) states that benzodiazepines for long-term use are not recommended. Medical records document the long-term use of the benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. Work Loss Data Institute guidelines and ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the prescription of Valium is not supported. Therefore, the request for Valium 5mg, #30 is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The pain management and internal medicine consultation report dated October 13, 2014 documented that Naprosyn (NSAID) was discontinued. No active gastrointestinal diagnoses were documented. Because of the absence of gastrointestinal risk factors, the request for the proton pump inhibitor Omeprazole is not supported, in accordance with MTUS guidelines. Therefore, the request for Omeprazole 20mg is not medically necessary.

Lidoderm 5% patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% patch is not medically necessary.