

Case Number:	CM14-0093403		
Date Assigned:	08/08/2014	Date of Injury:	11/14/2000
Decision Date:	09/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 59-year-old female who reported an injury on 11/14/2000 caused by an unspecified mechanism. The injured worker's treatment history included medications. The injured worker was evaluated on 06/23/2014, and it is documented that the injured worker complained of mid and lower back pain that radiates down her posterolateral right thigh and calf which she describes as pins and needles. The provider noted that she was under his care for 20 years now. When she is on her medications pain level of 3/10, and the worst pain off her pain medications is a 9/10. The provider noted that they de-certified all her medications. The provider noted she has a history of L1 compression fracture as well as degenerating disc at L4-5. She has severe kyphoscoliosis. She has a leg limp discrepancy because of her kyphoscoliosis. When she takes her medication, she can function relatively independently and take care of all her needs of daily living. However, she has to be careful lifting. In the documentation the provider noted the injured worker's blood pressure is 132/86. On the physical examination, it was documented that there was at least moderately severe kyphoscoliosis in the thoracic/lumbar area. There was tenderness over L1-5. Straight leg raise test was positive bilaterally at approximately 15 degrees. There were no neurological defects as tested. Her gait was somewhat waddling. Pulmonary test oxygen saturation was 98%. Medications included metoprolol 50 mg, Lyrica 75 mg, naproxen 500 mg, ranitidine, Soma 350 mg, Elavil 25 mg, Norco 10/325 mg, Lidoderm 5% patches, Iron 325 mg, Aspirin 325 mg, and Calcium 500 + D, 500/125 mg. The Request for Authorization was not submitted for this review. Diagnosis included degeneration of intervertebral disc. The rationale for medications was for the injured worker to sustain activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Lidoderm patches 5% is not medically necessary.

Naproxen 550mg: 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.

Decision rationale: The requested is non-certified. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of conservative care measures to include medication pain management, home exercise regimen and physical therapy. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Naproxen did not include the frequency. Given the above, the request for the Naproxen 550 mg, is not medically necessary.

Elavil 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline & Antidepressants for chronic pain Page(s): 13.

Decision rationale: The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommends amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation especially that which would affect work performance should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider failed to indicate the outcome measurement of the requested medication for the injured worker. In addition, the request lacked frequency, quantity and duration. As such, the request for Elavil 5 mg is not medically necessary.

Lyrica 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica) Page(s): 99.

Decision rationale: The request for Lyrica 75 mg is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommends Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. On 06/23/2014 the documents there was no diagnoses indicating diabetic neuropathy or post herpetic neuralgia for the injured worker. The request did not include frequency or duration of the medication. Given the above, this request is not medically necessary.

Norco 10/325mg: 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 10/325 mg is non-certified. 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. There was no urine drug screen provided indicating opioids compliance. Furthermore, the request does

not include the frequency. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Norco is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request is not medically necessary.

Metoprolol 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, hypertension and renal function Page(s): 69-70.

Decision rationale: The requested is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta blockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. Treatment recommendations: Blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. The documents provided did not indicate the injured worker has a diagnosis of hypertension. The request failed to include quantity, frequency and duration. Given the above, the request for Metoprol is not medically necessary.

Ranitidine HCL 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The requested ranitidine HCL 150 mg is non-certified. Per drugs.com, ranitidine is in a group of drugs called histamine-2 blockers, ranitidine works by reducing the amount of acid your stomach produces. The indications for ranitidine differ a little from other H2-blockers; however, compared to cimetidine, ranitidine is 5- 12 more as potent as a histamine receptor antagonist and has less affinity for the cytochrome P450 hepatic enzyme system. The documentation that was submitted on 06/23/2014 failed to indicate the injured worker having gastro esophageal reflux and other conditions in which acid backs up from the stomach into the esophagus causing heartburn. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for ranitidine HCL 150 mg is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines - Muscle Relaxants.

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

Decision rationale: The requested Soma 350 mg is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg is not medically necessary.

Calcium 500 +D (D3) 500/125mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult.com.

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 requested Calcium 500 +D (D3) 500/125mg is non-certified. Per drugs.com, calcium 500 +D (D3) 500/125 mg states that calcium is the most abundant cation and the 5th most common inorganic element in the human body. Calcium is essential for the maintenance of the nervous, muscular, and skeletal systems and for cell membrane and capillary permeability. Its role in bone structure and muscle contraction is well known, but calcium is also important for blood coagulation, nerve conduction and electrical conduction in the myocardium. Vitamin D3 has 2 primary forms, cholecalciferol (vitamin D3), which is synthesized in the skin after exposure to ultraviolet light, ergocalciferol (vitamin D2), which is produced from plant sterols. Various foods are forfeited with vitamin D, including milk and cereal. Other dietary sources include fish liver oils, fatty fish and eggs from the hens that have been supplemented with vitamin D. Ergocalciferol and cholecalciferol require activation by the liver and kidney. Within the documentation submitted, the provider failed to indication the injured worker having a calcium or vitamin D deficiency. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for calcium 500 +D (D3) 500/125 mg is not medically necessary.

Aspirin 325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription Medications Page(s): 67.

Decision rationale: The requested is non-certified. The Chronic Pain Medical Treatment Guidelines recommend Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). There should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs. The documents submitted for review lacked rationale why injured worker needs Aspirin. In addition, the request for Aspirin lacked frequency, quantity of medication. Given the above, the request for Aspirin 325mg is not medically necessary.

Iron 325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ironwww.umm.edu.

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 is non-certified. Per drugs.com, Iron 325 mg states that iron is an essential mineral that is required for human life. Much of the iron in the body is found in red blood cells and carries oxygen to every cell in the body. Iron is also involved in producing ATP (adenosine triphosphate, the body's energy source). Extra iron is stored in the liver, bone marrow, spleen, and muscles. Not having enough iron can lead to anemia. In the documentation that was submitted, there was no evidence that the injured worker had iron deficiency to justify the use of iron supplement. Additionally, the request failed to indicate frequency and duration of medication. As such, the request for iron 325 mg is not medically necessary.