

Case Number:	CM15-0016686		
Date Assigned:	02/05/2015	Date of Injury:	01/11/2006
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 01/11/2008. The mechanism of injury was not stated. The current diagnoses include lumbago, muscle spasm, lumbar strain, and long term use of other medication. The injured worker presented on 01/15/2015 with complaints of 4/10 pain with the current medication regimen. The injured worker also reported a flare up of lupus and arthritis in the past 2 months. The current medication regimen includes Lopressor, hydrochlorothiazide, methotrexate, Norco, and tramadol. Upon examination, there was moderate swelling of the hands and feet bilaterally, tenderness and spasm of the L3-5 paraspinal muscles, decreased range of motion with extension at 10 degrees, flexion at 55 degrees, lateral bending at 15 degrees, rotation at 20 degrees, 5/5 motor strength, SI joint pain with palpation, positive Patrick's and Faber's tests, mild diffuse swelling in the hands and feet, and intact sensation. Recommendations included continuation of the current medication regimen of Norco 10/325 mg, Prilosec 20 mg, tramadol 37.5 mg, lidocaine patches, and a ketoprofen ointment. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical lidocaine has been FDA approved in the form of a dermal patch for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. In this case, there was no documentation of a failure of first line treatment with oral tricyclic or SNRI antidepressants or an anticonvulsant. Additionally, there is no strength or frequency listed in the request. As such, the request is not medically appropriate.

Omeprazole 20mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the current request is not medically appropriate in this case.

Hydrocodone 10/325mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids f.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Hydrocodone 5/325mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids f.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 08/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Fenoprofen 400mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no indication that the injured worker was suffering from an acute exacerbation of chronic pain. The injured worker was instructed to discontinue the naproxen 550 mg. The medical necessity for an additional NSAID has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.