MAXIMUS Federal Services

Case Number:	CM15-0039362		
Date Assigned:	04/09/2015	Date of Injury:	03/09/2010
Decision Date:	06/04/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/02/2015

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 49-year-old female who sustained an industrial injury on 3/9/2010. The mechanism of injury was not provided. Her diagnoses, and/or impressions, include: cervical; lumbar myoligamentous injury with bilateral lower extremity radicular symptoms; right total knee arthroplasty (6/18/13); left knee internal derangement; bilateral metatarsal fractures; sacral radiculopathy; and medication-induced gastritis. No current magnetic resonance imaging studies are noted. Electrodiagnostic studies of the lower extremities were stated to have been done on 12/5/2011. Her treatments have included successful lumbar epidural steroid injection on 7/10/2014, that provided 60% benefit and lasted 5 months, synvisc injection on the left knee, and a manipulation under anesthesia, home exercise program, physical therapy, acupuncture and medications. The progress notes of 2/13/2015, noted complaints of recurrent and increased radiating low back pain, into the lower extremities and aggravated by any activity. It is noted that this latest lumbar epidural steroid injection, and her previous one, were both very successful and afforded her 4 - 5 months of pain relief, with increased function, and she requested another injection. The injured worker indicated that the use of medication allowed her to perform activities of daily living and participate in a home exercise program. Flexeril was noted to be appropriate as the injured worker experienced occasional myospasms in her back. The injured worker underwent a urine drug screen. The physician's requests for treatments included a diagnostic transforaminal epidural steroid injection as well as to continue her current medications which included Norco, Anaprox DS, Fexmid, Dendracin and Ultram ER. There was a Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective pain relief. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.

Anaprox DS 550mg: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional benefit received from the medication. However, the request as submitted failed to provide the frequency and the quantity of medication being requested. Given the above, the request for Anaprox DS 550 mg is not medically necessary.

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for occasional myospasms. However, the duration of use is not to be more than 3 weeks. The duration of use could not be established. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Fexmid 7.5 mg is not medically necessary.

Dendracin 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates, Topical Analgesics, Capsaicin, Topical Page(s): 105, 111, 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dendracin, Online Drug Insert.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical Salicylates are recommended and topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The clinical documentation submitted for review failed to provide documentation that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Dendracin 120 ml is not medically necessary.

Ultram ER 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective pain relief. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Ultram ER 150 mg is not medically necessary.