

Case Number:	CM15-0090519		
Date Assigned:	05/14/2015	Date of Injury:	10/30/2009
Decision Date:	09/18/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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, Arizona

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 55-year-old female who sustained a work related injury October 30, 2009. According to an orthopedic agreed medical evaluation, dated March 30, 2015, the injured worker presented with pain in her neck, right shoulder, and low back. Specific dates unrecalled, she underwent 3 injections for her shoulder. Sometime in 2014, 3 injections were also administered for the low back along with 2 injections for the neck. However, none of these injections was of benefit. She reports the right shoulder pain is from overuse, compensating for the left shoulder, which was recommended for surgical intervention. Diagnoses are documented as; cervical sprain/strain with 2mm disc bulging C5-6 per MRI 3/30/2010; left shoulder mild tendinosis of the distal supraspinatus tendon, mild arthropathy of the acromioclavicular joint per MRI 7/1/2013; lumbar spine spondylolisthesis at L5-S1 with severe degenerative disc disease and facet arthropathy, severe bilateral neural foraminal stenosis/per MRI 9/11/2009. At issue, is the request for authorization for Ultracin, Voltaren, Lodine, Zanaflex, Prilosec, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Topical Cream: Upheld

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

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

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of documentation stating why a topical formulation is needed along with oral medications. There is no mention that oral formulations are not tolerated. No dose, frequency, or duration was noted. This request is not medically necessary.

Voltaren Gel Two Tubes: Upheld

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

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

Decision rationale: The MTUS guidelines specifically state regarding Non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." There is lack of documentation stating a clear rationale behind the prescription for Voltaren and also, there is no strength or dose listed with the request. Voltaren is not recommended for application over the shoulders. This request is not medically necessary.

Lodine 500mg Quantity: 60 W/5 Future Refills: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. NSAIDs can be considered for acute exacerbations of chronic pain. Documentation submitted does not adequately support the use of Lodine. There are requests for both oral and topical NSAIDs submitted. There is no clear rationale behind this and furthermore, there is no frequency listed within this particular request. Long-term use is not recommended. With the above-mentioned issues in mind, this request is not medically necessary.

Zanaflex 4mg At Bedtime, Quantity: 30, With Five Future Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 97, 100.

Decision rationale: According to the CA MTUS, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Long-term use is not indicated and this request asks for 5 future refills. This request cannot be supported, as there is no documentation to support non-adherence to guideline recommendations. This request is not medically necessary.

Prilosec 20mg Quantity: 60, With Five Future Refills: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatory (NSAIDs). There is no mention of NSAID induced dyspepsia. This request is not medically necessary.

Norco 10/325mg Prescription Date February 11/2015 with 5 Future Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management with opiates.

Decision rationale: Regarding ongoing management with opioids, according to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. In addition, as it pertains to treatment with opiates, the treatment of pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and duration of pain relief. Submitted documentation does not address the above issues to warrant a 6-month supply of Norco. This request is not medically necessary.