

Case Number:	CM15-0092983		
Date Assigned:	05/19/2015	Date of Injury:	09/14/2001
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 60-year-old female, with a reported date of injury of 09/14/2001. The diagnoses include lumbar discopathy and disc displacement, right knee medial meniscal tear, old medial proximal tibial plateau fracture, and right ankle pain. Treatments to date have included oral medications, computerized tomography (CT) scan of the low back, electrodiagnostic study of the lower extremity, and pain medication. The progress report dated 01/09/2015 indicates that the injured worker had ongoing pain to her low back. She also had an onset of increased right leg pain, numbness and tingling, and swelling to the lower extremity. The objective findings include a slow and antalgic gait, heel/toe walk pain and weakness, reduced range of motion, positive right straight let raise test, decreased sensation, swelling to the knee down to the foot, and tenderness of the right sciatic notch. There was no documentation of the injured worker's pain rating. The treating physician requested Norco 10/325mg, Ambien 10mg #30 for sleep, Prilosec 20mg #60 due to gastrointestinal upset, Tizanidine 4mg #60 for spasm, Motrin 600mg #60 for inflammation, and Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Camphor 2%/Menthol 2%/Hyaluronic Acid 0.2% in cream base 240 grams. The medications were refilled for pain, swelling, and inflammation. It was noted that the Norco had been effective because it reduced the pain to the point where it allowed the injured worker to perform some activities of daily living and it helped provide relief with the injured worker's moderate to severe pain. There is indication that the injured worker had been using Norco for a prolonged period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 3/20/15) Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): (s) 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Retrospective (DOS: 3/20/15) Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): (s)68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Prilosec is not medically necessary.

Retrospective (DOS: 3/20/15) Tizanidine 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): (s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, 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 short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Tizanidine is not medically necessary.

Retrospective (DOS: 3/20/15) Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): (s) 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics". The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Motrin is not medically necessary.

Retrospective (DOS: 3/20/15) Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, Hyaluronic Acid 0.2% in cream base #240gm: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety". Guidelines go on to state that, "There is little to no research to support the use of many of these agents". The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state regarding topical Gabapentin, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". Likewise, this request is not medically necessary.