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| Case Number: | CM15-0093203 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 05/06/1997 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/15/2015 |
| 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 70 year old female, who sustained an industrial injury on 5/06/1997. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include joint pain, wrist pain, knee pain, carpal tunnel syndrome and hand pain. Currently, she complained of bilateral knee pain. Pain with medication was rated 6/10 VAS and pain without medication was rated 9/10 VAS. On 4/10/15, the physical examination documented a wide based, slow antalgic gait. The knee revealed tenderness, decreased range of motion with crepitus bilaterally. The provider documented that the injured worker reported that medications had increased function and activities of daily life. There was approximately 50-80% improvement in pain symptoms and no adverse effects of medications. The plan of care included Senna 8.6mg #60 with one refill, Dexilant DR 60mg capsule #30 with one refill, Norco 10/325mg #90, Lidocaine 5% ointment with one refill and Flector 1/3% patches #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg softgel #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Occupational practice medicine guidelines Page(s): 22.

Decision rationale: MTUS guidelines state that, Opioids cause significant side effects, which include poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Laxatives are a treatment option for laxative induced constipation, and stool softeners are a known preventative treatment option for those taking chronic opiates. However, in this case, this patient's narcotic medication was found not to be medically necessary. Likewise, it will now not be medically necessary to take preventative or treatment dose laxative medications for this reason. Likewise, this request for Senna is not medically necessary.

Dexilant DR 60mg cap #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(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 Dexilant (Dexlansoprazole) is not medically necessary.

Norco 10-325mg tab #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(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.

Lidocaine 5% ointment #2 with 1 refill: Upheld

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

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

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidocaine is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested topical Lidocaine is not medically necessary.

Flector 1.3% patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(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 a Flector Patch (contains the NSAID Diclofenac) is not medically necessary.