

Case Number:	CM14-0029694		
Date Assigned:	06/16/2014	Date of Injury:	12/15/1995
Decision Date:	08/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who reported an injury on 12/15/1995 due to an unknown mechanism. The injured worker had a physical examination on 12/05/2013 that revealed tenderness to palpation over the right lumbar facets and left lumbar facets. Straight leg raise was positive on the right and on the left. Gait was antalgic. Medications for the injured worker were Cymbalta 30 mg 1 every day, omeprazole 20 mg 1 capsule every day before a meal, and magnesium citrate. Other medications were Amitiza 24 mcg, Percocet 10/325 1 tablet every 4 hours with a maximum of 6 daily, diazepam 5 mg 1 tablet by mouth twice a day, clonazepam 0.5 mg 1 every day, Lidoderm 5% patch, and triamcinolone acetonide 0.1% apply topically twice a day. Diagnoses for the injured worker were long use of medication, postlaminectomy syndrome- lumbar. The injured worker stated VAS pain of 3/10 to 4/10. Past treatments for the injured worker were not available for review. The injured worker did report he does try to walk most days. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS: 1/30/2014): CLONAZEPAM 0.5MG, #30: 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 Benzodiazepines Page(s): 24.

Decision rationale: The request for Retrospective (Dos: 1/30/2014): Clonazepam 0.5 Mg, #30 is not medically necessary. Clonazepam is in a class of medications that are called benzodiazepines. The California Medical Treatment Utilization Schedule states that benzodiazepines are not recommended for long-term use because long-term efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical guidelines state this medication is recommended as a short term medication. Although the medication is noted to be helpful for the injured worker, the duration of use of this medication exceeds the guideline recommendations as the injured worker has been prescribed this medication since 10/16/2013. Therefore, the request for Retrospective (Dos: 1/30/2014): Clonazepam 0.5 Mg, #30 is not medically necessary.

RETROSPECTIVE (DOS: 1/30/2014): LIDODERM 5%, #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 Lidoderm Page(s): 56.

Decision rationale: The request for Retrospective (Dos: 1/30/2014): Lidoderm 5%, #30 is not medically necessary. This request is for a Lidoderm topical analgesic patch. The CA MTUS Guidelines states Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Although the injured worker reported pain relief from the use of this medication, the provider did not indicate the frequency for the medication. Therefore, the request for Retrospective (Dos: 1/30/2014): Lidoderm 5%, #30 is not medically necessary.

RETROSPECTIVE (DOS: 1/30/2014): OMEPRAZOLE 20MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- PAIN CHAPTER- PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Retrospective (Dos: 1/30/2014): Omeprazole 20 Mg, #30 is not medically necessary. The documents submitted for review did not report any symptoms of gastrointestinal events. It was not reported in the documents submitted that the injured worker was taking an NSAID for pain relief. The California Medical Treatment Utilization Schedule states NSAIDs are recommended with precautions. It is recommended to determine if the patient is at risk for gastrointestinal events. Indications for the use of a proton pump inhibitor are if the patient is 65 years of age or older, has a history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant. If the patient is taking a high dose/multiple NSAID medication, a proton pump inhibitor may be indicated. For patients with no risk factor and no cardiovascular disease, a proton pump inhibitor is not indicated. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or a COX-2 selective agent should be used. Long-term proton pump inhibitor use of over 1 year has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease a COX-2 selective agent plus a proton pump inhibitor is recommended. There was no report of the injured worker having any type of gastrointestinal event nor was the injured worker taking an NSAID for pain relief. Although the injured worker has been prescribed this medication the provider did not indicate the frequency for the medication. Therefore, the request for Retrospective (Dos: 1/30/2014): Omeprazole 20 Mg, #30 is not medically necessary.

RETROSPECTIVE (DOS: 1/30/2014): TRAMADOL 50MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Outcomes Measures, Re-assess Page(s): 81, 88.

Decision rationale: The request for Retrospective (Dos: 1/30/2014): Tramadol 50 Mg, #90 is not medically necessary. Tramadol is considered a weak opioid. Long-term use for this medication is still under study. There is a lack of evidence to allow for a treatment recommendation. The criteria for use of an opioid are to document pain and functional improvement in comparison to a baseline of pain values. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Adverse effects should be reported as such, constipation, nausea, vomiting, and headache. It was not reported if the tramadol was effective in treating the injured worker's pain, how long the pain relief lasted after taking the medication and how it helped to improve activities of daily living. Although the injured worker was prescribed this medication the provider did not indicate the frequency for the medication. Therefore, the request for Retrospective (Dos: 1/30/2014): Tramadol 50 Mg, #90 is not medically necessary.

RETROSPECTIVE (DOS: 1/30/2014): TRIAMCINOLONE ACETONIDE 0.1%, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, COMPOUNDED.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medline plus <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601124.html>.

Decision rationale: The request for Retrospective (Dos: 1/30/2014): Triamcinolone Acetonide 0.1%, #1 is not medically necessary. It was not reported within the documents submitted exactly what this medication is being used for. The California Medical Treatment Utilization Schedule, ACOEM, and the Official Disability Guidelines do not address this request. However, MedlinePlus does address this medication. It states triamcinolone comes in an ointment, cream, lotion, liquid, and aerosol spray in various strengths for use on the skin and as a paste for use in the mouth. It is usually applied 2 to 4 times a day. This medication is used for the treatment of a variety of skin conditions such as eczema, dermatitis, allergies, and rash. It was not reported in the documents submitted that the injured worker was using this medication and what the injured worker was using it for. Although the injured worker was prescribed this medication the provider did not indicate the frequency for the medication. Therefore, the request for Retrospective (Dos: 1/30/2014): Triamcinolone Acetonide 0.1%, #1 is not medically necessary.