MAXIMUS Federal Services

Case Number:	CM13-0012233		
Date Assigned:	12/18/2013	Date of Injury:	08/24/2004
Decision Date:	03/06/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 physician 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:

Patient is a 58 year old female [redacted], with a date of injury of 08124/04. The carrier has accepted Lumbar and Sacral Vertebrae, Upper Back Area, Lower Back Area injured when she stepped into a deep crack in the sidewalk, twisting the left side of her body and developed low back and left hip pain. She is currently working full duty. The office visit on 9/5/12, the patient said she had constant pain in the neck and bilateral shoulders. Pain is at 7/10 on the pain scale. Neck pain is the worse of these areas. She has spasms between the shoulder blades and numbness and tingling in the trapezius that radiates to the right shoulder and the right upper area just below the right clavicular. She denies having any sleep issue as well as denying depression. She is working full-time. Diagnostics Studies: -04/19/13 MRI of lumbar spine. Impression: 1) L4-L5: Mild loss of disc height and desiccation. There is a 2-mm broad-based disc bulge effacing the thecal sac and slightly tightening the caudal aspect of the foramina, more on the left than the right. It may be displacing the exiting left L4 nerve root. 2) L5-S I: Moderate disc space narrowing and desiccation, Modic l endplate marrow signal changes. There is a broad-based central and left paracentral disc protrusion measuring 3 mm to 4 mm. It is tightening the left neural foramen and slightly displacing the left L5 nerve root. -05/29/13 [redacted] Electrodiagnostic study. Conclusion: Normal study -04/26/13 [redacted].; Subjective: Complains of intermittent back pain. Pain is worse at the end of the day and pain radiates to the left lower extremity resulting in cramping and also numbness and she uses hot and cold modalities for pain as needed. She has begun to use the TENS unit for pain reduction as well and reported it to be helpful. Pain affects her sleep sometimes. She denies depression today. Review of MRL Objective: She has tenderness in the lumbar paraspinous muscle upon palpation. The patient is

not in acute distress and she is asymptomatic. Diagnoses: Thoracic sprain/strain, Discogenic lumbar condition with facet inflammation and radiculopathy. Plan: Request authorization for pain management, physical therapy x 12 sessions, low back brace and hot and cold wraps. All medications were previously denied and we would like to appeal the decision for the following medications: Tramadol ER 150mg #30, Medrox patches #20, Naproxen 550mg #60, Prilosec 20mg #60, Acetadryl 25/500mg #50, Neurontin 600mg #90. Request again EMG studies for bilateral lower extremity to evaluate numbness. See report. -06/05/13 [redacted]. Report/Request; Subjective: Low back pain with radiation into the left leg. She has had chiropractic care in the past. Last chiropractic session was three months ago and she reported that she had approximately 60% pain relief, but the pain would come back after the treatments. Objective: Tenderness in the lumbar paraspinals, especially in the left lumbar paraspinal at the L5 level and she has positive straight leg raise causing pain that goes into the left foot with forward flexion at the waist. Plan: Chiropractic Manipulation. Trigger Point Injections lumbar paraspinals. -07126/13 [redacted]; DWC Form RFA requesting: Medications: Tramadol ER 150mg #30 for long acting pain relief, Medrox patches #20 for topical use for pain, Naproxen 550mg #60 for anti-inflammation, Neurontin 600mg #90 for neuropathic pain, Acetadryl #50 for insomnia, and Prilosec 20mg #60 to treat stomach upset from taking these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150 mg #30 dispensed on 7/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 78, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): s 75, 80, 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 1/07/2014)-Opioid-Tramadol

Decision rationale: The request for Tramadol ER 150mg is not medically necessary. Prior UR determination had recommended weaning and discontinuation of Tramadol. There is inadequate documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonaberrant) drug-related behaviors to support the medical necessity of continued use of Tramadol. Therefore, the medical necessity of the current request has not been established.

Medrox patches #20 dispensed on 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 113.

Decision rationale: Regarding Medrox Patch, California MTUS evidenced-based guidelines does not support use of this medication. Medrox cream is Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. There is no current indication that this increase over a 0.025% Capsaicin formulation would provide any further efficacy. The Compund Medrox is a mixture of methyl salicylate, menthol, and capsaicin prescribed as a patch for neuropathic pain management. CA-MTUS primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that this is the case, therefore the prescription of Medrox patch is not medically necessary. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of the request for Medrox patches #20 dispensed on 7/25/13 has not been established.

Naproxen 550mg #60 dispensed on 7/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): s 46-47.

Decision rationale: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. All NSAIDS have U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. There is no rationale provided in the documentation submitted to support the medical necessity of concurrent use of two oral NSAIDS along with a topical NSAID. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) and none of these tests were performed based on the medical records reviewed. Since the previous UR reviewer approved Celebrex 300mg #30, for this patient, Naproxen 550 mg qty #30 is not medically necessary.

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 17, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS, Gabapentin Page(s): s 18-19.

Decision rationale: The request for Neurontin is non-certified. Prior UR determination had recommended non-certification of Neurontin. There is no clear evidence presented of the medical necessity of continued Neurontin use since it is not clear from the current report if there has been significant lasting functional improvement resulting from continued treatment with Neurontin. Per MTUS fur Antiepilepsy drugs (AEDs): "After initiation of treatment there should

be documentation of pain relief and improvement in function as well a documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Therefore, the medical necessity of the current request has not been established.

Acetadryl 25/500mg #50: 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), Treatment in Workers' Compensation, 11th Edition, Pain (updated 6/7/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG ODG: Pain Section Other Evidence based resources: Medline Plus

Decision rationale: The request for Acetadryl is not medically necessary. Prior UR determination had recommended non-certification of Acetadryl. Acetadryl contains acetaminophen and diphenhydramine and is being prescribed for insomnia. There is no support in evidenced-based guidelines to support long-term use of diphenhydramine for insomnia. Per ODG evidenced-based guidelines: "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function." In addition, there is little information provided regarding insomnia the injured worker is experiencing. Per ODG evidenced-based guidelines for Insomnia treatment "Recommend that treatment be based on the etiology." Therefore, the medical necessity of the current request has not been established.

Prilosec 20mg #60 dispensed on 7/25/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI and cardiovascular risks Page(s): s 68.

Decision rationale: There is no clear evidence presented that the injured worker is at risk for gastrointestinal events which are per MTUS: (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). Therefore, the medical necessity of the current request has not been established.