MAXIMUS Federal Services

Case Number:	CM13-0012471		
Date Assigned:	03/10/2014	Date of Injury:	12/26/2001
Decision Date:	05/29/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 55 year old female patient with ongoing neck pain that radiates down to her hands and fingers, intermittent numbness and tingling. She is s/p cervical laminectomy 1987. She also has low back pain with radiation to the lower extremities with numbness and tingling. 6/10/13 medical report indicates that the patient also has headaches, difficulty sleeping due to pain. Objective findings included palpable tenderness and spasm over the paracervical muscles and trapezius muscles bilaterally. There is limited lumbar spine range of motion and positive SLR bilaterally. There is decreased sensation over the bilateral ring and long fingers and bilateral thigh. The note states that the patient will require help with home healthcare to include grocery shopping, personal hygiene as well as bodily cleaning. 6/11/13 request for household assistance indicates that since her injury, the patient has had difficulty performing her household duties. Authorization is requested for the patient to receive household assistance. Vicodin, Fioricet, Valium, Omeprazole, and Terocin lotion were prescribed. 7/9/13 note indicates that the patient has been taking these medications. There is no noted response to the medications. Another request for home healthcare is noted. 8/5/13 progress note states that the patient is taking medications which include Valium, Norco, Fioricet, topical creams. There is no noted response to the medications. Another request 8/9/13 is noted for household assistance for activities of daily living. 9/6/13 progress note indicates that the patient has had no significant change in her condition. She is taking medications which include Valium, Norco, Prilosec, and Fioricet. She is using topical creams. There is no record of repsonse to the medications. 10/4/13 progress note states that there is no significant change in symptoms and she is currently taking medications which include Valium, Norco, Prilosec, and Fioricet. She is using topical creams. No response is noted. 12/20/13 progress note states that the patient continues to experience constant cervical pain, headaches, difficulty sleeping due to pain, pain in upper extremities with radiation. The

patient is taking medications which include Valium, Norco, omeprazole, Fioricet, and Voltaren - XR. She is using topical compounded cream. The patient states that the medications help to reduce her chronic pain symptoms. A urine tox was requested at this time. A 7/11/13 UR determination rendered an adverse determination for lack of compliance with narcotic management guidelines; lack of gastric complaints or disorders; acute symptoms that would warrant benzodiazepine treatment; lack of complex tension headaches; lack of guidelines support for topical compound formulations; and home health not requested for medical care.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO (HYDROCODONE/APAP) 10/325MG #60 1 2 Q4-6H, TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 79-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has been using Norco for several months without any documentation of objective measures of pain relief or functional gains. In fact, the records state that she has consistently remained the same with continued pain complaints. There is no information to clearly establish efficacy and justify continuing the medication. There is little information regarding appropriate monitoring or evidence of adherence with urine drug screens and pain contracts. The request for Norco is not medically necessary.

PRESCRIPTION OF PRILOSEC (OMEPRAZOLE) 20MG #60 B.I.D.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 67.

Decision rationale: CA MTUS Chronic Pain Guidelines state that PPI medications are indicated for patients at intermediate risk or high risk for gastrointestinal events. However, the records do not demonstrate gastrointestinal issues or complaints or chronic NSAID use. The records do not show any considerable gastrointestinal risk to substantiate the use of PPI. The request for Prilosec is not medically necessary.

PRESCRIPTION OF VALIUM (DIAZEPAM) 10MY #60 1-2 Q 6 H, TWO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINE Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEIPINES Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. This patient does not exhibit any symptoms or diagnoses that would warrant the continued use of benzodiazepines. The patient has been taking Valium for several months, which is already inconsistent with evidence based guidelines standards for practice. The request for Valium is not medically necessary.

PRESCRIPTION OF FIORICET (BUTALBITAL/APAP) #60 1 Q6H, TWO REFILLS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Guidelines state that barbituate containing anaglesic agents are not recommended for chronic pain. There is no evidence of efficacy and the patient continues to note headaches as a primary complaint despite months of use of Fioricet. The request for Fioricet is not medically necessary.

PRESCRIPTION OF TERODOLOCIN (TEROCIN LOTION) 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Pain Chapter, Salicylate Topicals

Decision rationale: Terocin contains 4 active ingredients; Capsaicin in a 0.025% formulation, Lidocaine in a 2.50% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 25% formulation. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to responded or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine

(whether creams, lotions or gels) are not indicated for neuropathic or non-neuropahtic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. However, while the patient presents with chronic pain complaints and was followed over the past several months, specific response to Terocin treatment was not assessed. It was not clearly documented why Terocin lotion was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Terocin contains several ingredients that are not recommended. Therefore, the request for Terocin is not medically necessary.

PRESCRIPTION OF 30GM FLURBIPROFEN 25% 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While the patient presents with chronic pain complaints and was followed over the past several months, specific response to topical Flurbiprofen treatment was not assessed. It was not clearly documented why Flurbiprofen was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flurbiprofen is not medically necessary.

HOME HEALTH CARE (NO FREQUENCY/DURATION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. However, the record states that the household assistance is requested for activities of daily living such as grocery shopping

and personal hygiene. Therefore, based on guidelines and a review of the evidence, the request for Home Health is not medically necessary.

PRESCRIPTION OF 30 GM CYCLOBENZAPRINE 10%-TRAMADOL 5% 120ML;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Regarding the Cyclobenzaprine component, CA MTUS states that there is no evidence for use of any other muscle relaxant as a topical product. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. While the patient presents with chronic pain complaints and was followed over the past several months, specific response to Cyclobenzaprine and Tramadol treatment was not assessed. It was not clearly documented why the formulation was first initiated, and ongoing repeat prescriptions were not based on assessment of treatment response. In addition, California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Cyclobenazprine is not medically necessary.