

Case Number:	CM13-0026906		
Date Assigned:	06/09/2014	Date of Injury:	03/25/2005
Decision Date:	08/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/20/2013

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 & 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:

The injured worker is a 54-year-old male smoker who reported an injury on 03/25/2005. The mechanism of injury reported was that as he was making a right hand turn while driving a bus and he felt a sudden onset of pain to his low back radiating up to his mid back and down his legs. The note of 07/30/2009 reports that subsequent to his injury he underwent diagnostic testing and conservative treatment. On 08/11/2006, he underwent L3, L4, and L5 partial laminectomy and microdiscectomy with some benefit. He reported having relief for about 5 months and then his pain began to increase. He underwent an MRI on 03/27/2007, which revealed the anterior L4-5 laminectomy and a 6.9 mm disc protrusion, possibly scar tissue, causing bilateral neural foraminal narrowing and impingement on the L4 exiting nerve roots. At L5-S1 there was a small disc protrusion and bilateral neural foraminal narrowing with an interval increase in size of the disc protrusion. On 10/12/2007, he underwent a lumbar spine discogram which revealed concordant pain at L4-5 and, therefore, was positive at that level. A post discogram CT scan of the lumbar spine revealed a degenerative L4-5 disc with focal prominent left paracentral disc protrusion abutting on the left L5 nerve root sleeve of the thecal sac. At the L5-S1 disc there was evidence of focal herniation. The injured worker reported that he underwent 1 epidural steroid injection, on an unknown date, but this increased his pain. On unknown dates he was receiving chiropractic and acupuncture treatments, which he reported gave him transient relief. On 07/30/2009, his lumbar spine ranges of motion were flexion 44/60 degrees, extension 14/25 degrees, left tilt 19/25 degrees, and a right tilt 17/25 degrees, all with low back pain. X-rays of the lumbar spine were taken that day and they revealed a mild disc space narrowing at L5-S1; otherwise, disc space heights were well maintained without osteophyte formation. On 07/23/2013, he reported that his upper and lower back pain was helped by acupuncture treatments. At that time, his lumbar ranges of motion were flexion 45 degrees/60 degrees,

extension 25 degrees/25 degrees, right lateral bending 20 /25 degrees, and left lateral bending 15/25 degrees. His diagnoses included lumbar spine intervertebral disease without myelopathy, thoracic sprain and strain, lumbosacral neuritis, cervical myofasciitis, muscle spasms, and postoperative laminectomy. His medications at that time were Naproxen 550 mg, Prilosec 20 mg, Tramadol 50 mg, and Hydrocodone/Acetaminophen of an unknown dose. A prescription from 02/12/2013 listed the Hydrocodone/Acetaminophen at 7.5/750 mg and Hydrocodone 10/325 mg. A urine drug screen collected on 02/20/2013 was negative for Hydrocodone and Hydromorphone and Oxycodone which is inconsistent with his prescriptions. There were no clinical records submitted more recently than 07/2013. There were no requests for authorization submitted with this record, nor were there any rationales submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 5/500 mg #60 (date of service 06/19/2013): 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 Opioids Page(s): 74-95.

Decision rationale: MTUS Guidelines attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendations include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. Ongoing review of pain relief, functional status, appropriate medication use and side effects should be documented. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the patient has returned to work or if the patient has improved functioning and pain. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations (antidepressants and anticonvulsants). There are no trials of long term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious, but limited for short term pain relief and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized control trials have been limited to short term period (less than 70 days). Long term use may result in immunological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate long term monitoring, evaluations, including psychosocial

assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens consistent with the use of opioids or collateral contacts. Additionally, there is no frequency specified in the request. Therefore, this request for Hydrocodone/APAP 5/500 mg #60 (date of service 06/19/2013) is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 10% cream 30 grams (date of service 06/19/2013):
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): 111-113.

Decision rationale: The MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The agents are compounded for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended. There is no submitted documentation of failed trials with NSAIDs, antidepressants, or anti-epileptic medications. Gabapentin is not recommended by the California MTUS; therefore, the request for Cyclobenzaprine 10%, Gabapentin 10% cream 30 gm (date of service 06/19/2013) is not medically necessary.

Flurbiprofen 20% cream 30 grams (date of service 06/19/2013): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Topical Analgesics.

Decision rationale: The MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The efficacy in clinical trials for nonsteroidal anti-inflammatory drugs applied topically has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness

or safety. They are not recommended for neuropathic pain as there is no evidence to support their use. Per the Official Diagnostic Guidelines the only FDA(Food Drug Administration) approved topical NSAID is diclofenac. There was no submitted documentation of failed trials with NSAIDs, antidepressants, or anticonvulsants. For these reasons the request for Flurbiprofen 20% cream 30 gm (date of service 06/19/2013) is not medically necessary.