MAXIMUS Federal Services

Case Number:	CM13-0033419		
Date Assigned:	12/06/2013	Date of Injury:	05/21/2007
Decision Date:	05/28/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/09/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is an employee of [redacted] who has filed a claim for chronic pain syndrome and myofascial syndrome associated with an industrial injury sustained on May 21, 2007. Treatment to date has included oral pain medications, physical therapy, lumbar fusion, and hand surgery. Medical records from 2013 were reviewed, showing the patient complaining of low back pain, bilateral wrist pain, bilateral hand pain, and neck pain. The patient recently had a trip and fall accident which he sustained injuries to his face. The patient's pain was noted to be at 5/10 on the date of exam, with an average pain of 7/10 with medications. The pain is 9/10 without medications. On examination, the patient is noted to be obese with a BMI of 30.6. The patient's grip was noted to be decreased on the right side. The patient was not noted to have any aberrant behavior. The patient is stable on his current regimen of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET: Upheld

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

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

Decision rationale: As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. There is no clinical evidence concerning the analgesic efficacy of barbiturate-containing analgesics. In this case, the patient has been using Fioricet since February 2013. This medication is not recommended according to guidelines. There was no discussion concerning the need for variance from the guidelines. Therefore, the request for Fioricet is not medically necessary.

RAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the Chronic Pain Medical Treatment Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. These outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been using Tramadol since February 2013. Along with this medication, the patient also uses Subutex, another pain reliever. There has been no discussion concerning the patient's functional gains with regards to the use of this medication. It is unclear why the patient is still using Tramadol given the fact that the patient continues to use Subutex alongside of Tramadol for over 8 months now. The request also does not specify dosage, frequency, and amount. Therefore, the request for Tramadol is not medically necessary.

CELEBREX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain; however, there is no evidence for long-term effectiveness for pain and function. In this case, the patient has been using NSAIDs as far back as February 2013. However, exact functional gains derived from the use of this medication were not documented in the progress notes. In addition, there is no evidence of effectiveness in long-term use. The request also does not specify dosage, frequency, and amount. Therefore, the request for Celebrex is not medically necessary.

PRILOSEC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the patient has been using Prilosec since February 2013. However, there is no documentation of GI complaints from the patient. The request also does not specify dosage, frequency, and amount. Therefore, the request for Prilosec is not medically necessary.

COLACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Drugs.com and PDR reference 2012.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: Page 77 of the Chronic Pain Medical Treatment Guidelines states that with opiod therapy, prophylactic treatment of constipation should be initiated. In this case, the patient has been using Colace since February 2013. The patient is on chronic opioids and will benefit from prophylactic medication for constipation. However, the request is not specify dosage, frequency, and amount. Therefore, the request for Colace is not medically necessary.

VALIUM: Upheld

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

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

Decision rationale: As stated on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to four weeks. In this case, the patient has been using Valium since February 2013. Long-term use of this medication is not supported. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Valium is not medically necessary.

TESTOSTERONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: As stated on page 110-111 of the Chronic Pain Medical Treatment Guidelines, testosterone replacement for opioid-related hypogonadism is recommended in limited circumstances for patients taking high dose long-term opioids with documented low testosterone levels. In this case, the patient was noted to have been prescribed testosterone prior to February 2013. However, the documentation did not contain evidence of low serum testosterone levels. Therefore, the request for testosterone is not medically necessary.

MEDROX PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on pages 111-113 of the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Medrox patches contain methyl salicylate, capsaicin 0.0375%, and menthol. The California MTUS states that there are no current indications for a capsaicin formulation of 0.0375%. Regarding Menthol, the MTUS does not cite specific provisions, but the Official Disability Guidelines state that topical over-the-counter pain relievers that contain menthol, methyl salicylate, or capsaicin may cause serious burns. Guidelines also 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 Medrox patches is not medically necessary.

TGHOT OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: As stated on pages 111-113 of the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. TGHot contains Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The California MTUS states that capsaicin is only recommended as an option for patients who have not responded to or are intolerant of other treatments. Gabapentin is not recommended for topical use according to the MTUS. The California MTUS does not support topical opioids. Regarding menthol, the MTUS does not cite specific provisions, but the Official Disability Guidelines state that topical over-the-

counter pain relievers that contain menthol, methyl salicylate, or capsaicin may cause serious burns. Given that various components of TGHot are not recommended, the request is not medically necessary.

VIAGRA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Drugs.com and PDR reference 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Treatment Guidelines, phosphodiesterase type-5 inhibitors.

Decision rationale: The California MTUS does not address this topic specifically, so alternate guidelines were used. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction. In this case, the patient was first prescribed Viagra in August 2013. However, there is no documentation of an evaluation of sexual function, including history and physical exam, to identify comorbid conditions which may contraindicate certain drug therapies and address other causes of sexual dysfunction; in addition to providing any additional testing necessary before implementation of drug treatment. Therefore, the request for Viagra is not medically necessary.