

Case Number:	CM13-0042028		
Date Assigned:	12/20/2013	Date of Injury:	08/07/2009
Decision Date:	04/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 Acupuncture and Pain Medicine 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 case involves a 39-year-old male, with date of injury 8/7/09. The injured worker had low back pain that radiates down his left leg. He is diagnosed with low back pain, lumbar degenerative disc disease, lumbar radiculopathy and depression. The patient started a functional restoration program in August of 2011, but dropped out reporting that the physical therapy (PT) was too hard. An MRI from 9/2009 identified an L4-5 disc bulge and annular tear. An updated MRI from November of 2011 did not identify any significant change. He has attended one (1) session of aquatic physical therapy, and is refractory to medication management. The date of the utilization review (UR) decision was 9/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS PSYCHOTHERAPY: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that behavioral interventions are recommended. The guidelines also indicate that "The identification and reinforcement of coping

skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." The guidelines state that providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The provider should consider separate psychotherapy cognitive behavioral therapy (CBT) referral after four (4) weeks if there is a lack of progress from physical medicine alone. The recommendation include: an initial trial of three to four (3-4) psychotherapy visits over two (2) weeks; and with evidence of objective functional improvement, a total of up to six to ten (6-10) visits over five to six (5-6) weeks (individual sessions). According to the 8/29/13 progress report, cognitive behavioral psychotherapy helped spur the injured worker into walking daily, he has been able to extend the time away from home a bit more, walking in the park. He admitted to talking more with friends, people in the park or at church. Per the psychologist, "[The injured worker] has shown improvement, knows that therapy has been helpful and would like to return for further treatment." Per the treating physician, "He is able to do most of his activities of daily living but is very slow in his responses. He has very little to no social activities. He has been continuing to see his psychologist for cognitive behavioral therapy that has been very helpful." The request is not medically necessary as the request exceeds the maximum ten (10) pain psychology sessions authorized by the guidelines.

TEROCIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, AND CAPSAICIN, TOPICAL. Decision based on Non-MTUS Citation

[HTTP://DAILYMED.NIM.NIH.GOV/DAILYMED/ARCHIVES/FDADRUGINFO.CFM?ARCHIVEID=41055](http://DAILYMED.NIM.NIH.GOV/DAILYMED/ARCHIVES/FDADRUGINFO.CFM?ARCHIVEID=41055).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOSWELLIA SERRATA RESIN (FRANKINCENSE) [DWC}, MEDICATIONS FOR CHRONIC PAIN, SALICYLATE TOPICALS,.

Decision rationale: Terocin is a combination of capsaicin, lidocaine, menthol, methyl salicylate, and boswellia serrata. Capsaicin may have an indication for chronic lower back pain in this context. The Chronic Pain Guidelines indicate that there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Methyl salicylate may have an indication for chronic pain in this context. The Guidelines indicate that methyl salicylate is recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, the other ingredients in Terocin are not indicated. The preponderance of evidence indicates that overall this medication is not medically necessary. Regarding topical lidocaine, the guidelines indicate that for non-neuropathic pain, it is not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over

placebo. Boswellia Serrata Resin is not recommended for chronic pain. Terocin topical lotion contains menthol. The guidelines provide no evidence-based recommendations regarding the topical application of menthol. Since menthol is not medically indicated, then the overall product is not indicated. The Chronic Pain Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, the request is not certified.

ZANAFLEX: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS. Page(s): 66.

Decision rationale: The Chronic Pain Guidelines indicate that "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The medical records submitted for review indicate that the injured worker suffers from chronic low back pain that is rated at 9/10 without pain medications and 7/10 with pain medications. According to the 9/9/13 progress report, his pain is well controlled with the pain medications prescribed to him. This class of medication is often used for the treatment of musculoskeletal Final Determination Letter for IMR Case Number CM13-0042028 5 conditions for the long term, and the guidelines do not mandate that there needs to be the same documentation of functional benefit that is mandated for opiates, nor do the guidelines state it cannot be used long term. The request is medically necessary. .

PRILOSEC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ASTRAZENECA PHARMACEUTICALS (JUNE 2004).

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

Decision rationale: The Chronic Pain Guidelines recommend the use of proton pump inhibitors (PPI) in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs) in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also recommend that for patients with no risk factor and no cardiovascular disease, then non-selective NSAIDs are okay; Patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or a Cox-2 selective agent are okay. Long-term PPI use (> 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 PPI is okay if absolutely necessary. For patients at high risk of gastrointestinal events with cardiovascular disease: If the GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If the cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. Since this injured worker is negative for history of peptic ulcer, GI bleeding or perforation, and does not have cardiovascular disease, his risk for gastrointestinal events is low, as such, this request is not medically necessary.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 91.

Decision rationale: The Chronic Pain Guidelines indicate that "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of Final Determination Letter for IMR Case Number CM13-0042028 6 these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records revealed documentation to support the medical necessity of Norco addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes address relieving the injured worker's pain from a 9/10 to 7/10 and his activities are noted to be walking daily. Urine toxicology screenings have been consistent with the pain medications that he is being prescribed, with the last being performed on 7/8/13. He also has an opioid treatment agreement filed with his provider. The guidelines consider this list of criteria for the initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been affirmed by the treating physician in the documentation available for review. The request is not medically necessary.