

Case Number:	CM13-0042266		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2000
Decision Date:	08/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Virginia. 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 a 53-year-old male who was injured on 11/01/2000 when he slipped and fell while fighting a fire. Prior treatment history has included Prilosec, topical analgesic cream, tramadol analgesic cream, Ditropan, Norco, and Skelaxin. Diagnostic studies reviewed include computed tomography (CT) scan of the left knee dated 03/25/2013 was normal. The patient had a positive electrophysiologic study on the left at L5 and possibly at the left S1 level. The primary treating physician (PTP) progress report dated 09/20/2013 documented the patient complained of mild to moderate neck pain rated as 4/10. He also complained of moderate low back pain associated with residual radiculopathy of the lower extremities. He has moderate to severe left knee pain. Objective findings on exam revealed spinous process tenderness. Range of motion of the cervical spine revealed flexion to 50 degrees; extension to 40 degrees; left side bending to 15 degrees; right side bending to 15; left rotation to 50 degrees; and right rotation to 60 degrees. The lumbosacral spine revealed tenderness primarily at L5-S1 level and left sciatic notch tenderness. Range of motion revealed flexion to 50 degrees; extension to 10 degrees; left side bending to 15 degrees; right side bending to 15 degrees. There is hypesthesia of the medial, mid-dorsal and lateral dorsum of the left foot. There is slight weakness of the left great toe extensor and the left anterior tibialis. There is slight weakness of the left quadriceps. Straight leg raise test is positive at 60 degrees on the left. Range of motion of the left knee revealed flexion to 160 degrees and extension to 0 degrees. The patient is diagnosed with herniated nucleus pulposus L5-S1 severe radiculopathy to the left lower extremity, degenerative disk disease with protrusions, status post meniscectomy of the left knee and cervical spondylosis primarily at C4-5 and C5-6. The patient was recommended for a urology consult. He was prescribed tramadol topical cream. Prior utilization review dated 10/16/2013 states the request for prescription of Prilosec 20mg

(dispensed from office on 9/20/13) qty: 120.00 is modified to establish medical necessity at the usual once a day dosage; 18 sessions of aqua therapy is partially certified to document benefit, functional improvement and decreased analgesic requirement; 1 prescription of wasabi cream is denied as medical food is not supported by the guidelines; 1 prescription of Tramadol topical analgesic cream is not certified as it is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PRILOSEC 20MG (DISPENSED FROM OFFICE ON 9/20/13)

QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS and Official Disability Guidelines state PPI medications such as Prilosec (Omeprazole) may be indicated for patients at risk for gastrointestinal events, which are: 1) age over 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). On 9/20/2013, the patient was dispensed Prilosec 20mg #120 from the Pain management physician's office. However, the medical records do not establish that any of these above listed criteria apply to this patient. In addition, that report indicates the patient has ongoing GI complaints, noting complaint of experiencing occasional abdominal discomfort, but does not specify the symptoms or indicate what this may be attributed to. In addition, the patient is not taking any oral medications. The medical reports do not document any evidence of GI issues indicated on examination. According to the ODG, in general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. However, studies show that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. The medical records do not establish this patient is at significant risk for GI events. Therefore, the medical necessity of the request is not established by the medical records, and is not supported by the evidence-based guidelines.

18 SESSIONS OF AQUA THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back Chapter), Aquatherapy.

Decision rationale: According to CA MTUS, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. According to the medical records, the patient is 13 years postdate of injury. He has undergone left knee surgery in 2003, lumbar surgery in 2002, and spinal cord stimulator implantation in 2005. It is reasonable that this patient has undergone course(s) of supervised physical therapy for his complaints. Aquatic therapy may be recommended for individuals with certain circumstances where limited weight bearing is required. That is clearly not the case of this patient. In addition, the reviewed records document that the patient has been utilizing a self-directed physical therapy program. The medical records do not demonstrate this patient had presented with any re-injury, exacerbation or significant change in his clinical presentation to indicate a return to supervised therapy is necessary. Although it is not evident that the patient has trialed Aqua therapy in the past, in the absence of evidence of any such findings, the medical necessity of aqua therapy has not been established.

1 PRESCRIPTION OF WASABI CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, Medical foods (Wasabi); Topical Analgesics.

Decision rationale: Wasabi cream is a food product with similar properties to capsaicin, which the patient is to apply to the skin, would not be considered medically necessary; it does not constitute a medical food. According to the guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient. In addition, if indicated, a trial of standard capsaicin in formulation of 0.025% is suggested for treatment of osteoarthritis (OA), whereas a 0.075% formulation is primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. However, there is no current indication that this increase over a 0.025% formulation is more efficacious. The medical necessity of Wasabi cream is not established in accordance with evidence-based guidelines.

1 PRESCRIPTION OF TRAMADOL TOPICAL ANALGESIC CREAM: 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, Tramadol (Ultram), Opioids Page(s): 111-113; 74-96.

Decision rationale: According to the guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. According to the guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In addition, the guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. In this case, the medical records do not establish the use of topical Tramadol has provided any notable improvement in pain level and function. In addition, the medical records do not establish the patient has failed or is intolerant to conventional treatment methods. The medical necessity of topical Tramadol is not established.

1 PRESCRIPTION OF DITROPAN 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682141.html>http://www.medicinenet.com/oxybutynin_er-oral/article.htm.

Decision rationale: According to the cited references, Oxybutynin (Diotropan/Diotropan XL) is used to treat overactive bladder (a condition in which the bladder muscles contract uncontrollably and cause frequent urination, urgent need to urinate, and inability to control urination) control urgent, frequent, or uncontrolled urination in people who have overactive bladder (a condition in which the bladder muscles have uncontrollable spasms), Oxybutynin is also used to control bladder muscles in adults and children older than 6 years of age with spina bifida (a disability that occurs when the spinal cord does not close properly before birth), or other nervous system conditions that affect the bladder muscles. Oxybutynin is in a class of medications called anticholinergic/antimuscarinics. It works by relaxing the bladder muscles. The medical records do not establish this patient has an overactive bladder. There are no supportive clinical or correlative diagnostic evidence of an overactive bladder due to uncontrollable bladder muscle spasm or other nervous system condition. The medical necessity of Diotropan is not established.