

Case Number:	CM13-0045758		
Date Assigned:	04/07/2014	Date of Injury:	12/05/2011
Decision Date:	05/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 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:

This is a female patient of the date of injury of February 5, 2011. A progress report dated January 7, 2014 identifies subjective complaints of low back pain. The note indicates that the patient has been treated with Vicodin and tramadol. She has also tried physical therapy, acupuncture, chiropractic care, and epidural steroid injections. Current medications include Vicodin, tramadol, Lexapro, and Xanax. Physical examination identifies slightly stooped forward gait, weakness in the left S1 area, and normal heel walk. Straight leg raise test is positive on the left and negative on the right. Diagnoses include persistent low back with herniated discs at L5-S1, lateral recess stenosis, and hyperreflexia at both knees. The treatment plan recommends an updated MRI. Additionally, the physician recommends a transdermal compound cream consisting of ketoprofen, and Flurbiprofen. A progress report dated October 25, 2013 identifies decreased pain as a result of the epidural steroid injection, sacroiliac injection, and trigger point injection. Medications include tramadol, Vicodin, Lexapro, and Xanax. The patient complains of low back pain that radiates into the left leg. The treatment plan recommends continuing the current medications. A progress report dated January 22, 2014 indicates that an epidural and trigger point injection were helpful. The treatment plan recommends tramadol and Vicodin. A psychiatric progress note dated September 19, 2013 indicates that the patient is still very depressed, with psychiatric complaints consistent with a diagnosis of depression. Mental status examination also confirms diagnosis of depression. The diagnosis is stated as adjustment disorder with mixed anxiety and depressed mood. The treatment plan recommends Celexa, Xanax, and Synthroid. Psychological treatment notes are also available for review indicating that the patient is participating well with psychological counseling. It psychiatric progress report dated October 17, 2013 indicates that the patient has failed numerous antidepressants, but will be

started on Lexapro. A progress report dated November 14, 2013 indicates that the patient had a very good response to Lexapro and is doing better.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL: 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 Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram is not medically necessary.

VICODIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Vicodin (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Vicodin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Vicodin is not medically necessary.

XANAX: 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: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is clear that the patient has significant psychiatric complaints which are being addressed with medication and psychological treatments. However, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax. Additionally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by guidelines. Finally, an open ended request for Xanax, as is presented here, with no dose, frequency, or proposed duration of use is not supported by guidelines. The abrupt cessation of Xanax is not recommended, and can be deadly. Due to the above issues, the currently requested Xanax is not medically necessary.

CELEXA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 395-396- 402,Chronic Pain Treatment Guidelines Page(s): 107..

Decision rationale: Regarding the request for Celexa, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it is clear that the patient has significant psychiatric complaints which are being addressed with medication and psychological treatments. However, there is no documentation identifying any objective functional improvement as a result of the use of the Celexa. Additionally, an open ended request for Celexa, as is presented here, with no dose, frequency, or proposed duration of use is not supported by guidelines. Finally, it appears that this medication is no longer being used. Due to the above issues, the currently requested Celexa is not medically necessary.

FLURBIPROFEN/LIDOCAINE/MENTHOL/CAMPHOR: Upheld

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

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

Decision rationale: Regarding the request for FLURBIPROFEN/LIDOCAINE/MENTHOL/CAMPHOR. 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. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested FLURBIPROFEN/LIDOCAINE/MENTHOL/CAMPHOR is not medically necessary.

(RETRO) TRAMADOL: 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 Page(s): 75-79.

Decision rationale: Regarding the request for Ultram (tramadol), California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Ultram (tramadol) is not medically necessary.

(RETRO) HYDROCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Hydrocodone, California Pain Medical Treatment Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Hydrocodone is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Hydrocodone is not medically necessary.