MAXIMUS Federal Services

Case Number:	CM13-0051123		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2009
Decision Date:	06/02/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 51 year-old female who was injured on December 31, 2009. She has been diagnosed with lumbar discogenic condition with facet inflammation and left-sided radiculopathy; right ankle sprain; left knee internal derangement, status post surgery x2 with persisent symptoms; weight gain, 100 lbs; depression and sleep issues; GERD (gastroesophageal reflux disease); sexual dysfunction; fatigue, constipation, headaches. According to the September 18, 2013 orthopedic report from [redacted], the patient presents in tears with intolerable levels of pain in the low back, right ankle and left knee. The patient states she cannot go on anymopre and would rather die. On September 30, 2013 UR apparently separated out a request to deny retropective Flexeril, prospective Flexeril; retropective Prilosec, prospective Prilosec; Protonix; Tramadol, Trazodone, UA, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD (gastroesophageal reflux disease), and sleep disturbance. I have been asked to review for Flexeril. The Chronic Pain Medical Treatment Guidelines specifically states Flexeril is not recommended for use over three weeks. The records show Flexeril was prescribed on September 18, 2013 and that the patient has been using Flexeril since before July 24, 2013. The request for Flexeril 7.5mg is not medically necessary or appropriate.

FLEXERIL 7.5MG (DISPENSED 9/18/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD, and sleep disturbance. I have been asked to review for Flexeril. MTUS specifically states Flexeril is not recommended for use over 3-weeks. The records show Flexeril was prescribed on September 18, 2013 and that the patient has been using Flexeril since before July 24, 2013. The request for Flexeril 7.5mg (dispensed September 18, 2013) is not medically necessary or appropriate.

PRILOSEC 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD (gastroesophageal reflux disease), and sleep disturbance. I have been asked to review for Prilosec. The Chronic Pain Medical Treatment Guidelines discusses use of a PPI such as Prilosec, in the "NSAIDs (non-steroidal anti-0inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk," section of the guidelines. But the patient is not reported to be taking an NSAID. On the Prilosec boxed label, states Prilosec is indicated for the treatment of GERD, or heartburn and other symptoms associated with GERD. The use of Prilosec is in accordance with the boxed label indications, and the Generally accepted standards of medical practice. The request for Prilosec 20 mg is medically necessary and appropriate.

PRILOSEC 20MG (DISPENSED 9/18/13): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Boxed Label Indications and Usage for Prilosec.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD (gastroesophageal reflux disease), and sleep disturbance. I have been asked to review for Prilosec. The Chronic Pain Medical Treatment Guidelines discusses use of a PPI such as Prilosec, in the "NSAIDs (non-steroidal anti-0inflammatory drugs), GI (gastrointestinal) symptoms & cardiovascular risk," section of the guidelines. But the patient is not reported to be taking an NSAID. On the Prilosec boxed label, states Prilosec is indicated for the treatment of GERD, or heartburn and other symptoms associated with GERD. The use of Prilosec is in accordance with the boxed label indications, and the Generally accepted standards of medical practice. The request for Prilosec 20mg (dispensed September 18, 2013) is medically necessary and appropriate.

PROTONIX 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation website Drugs.com.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD, and sleep disturbance. I have been asked to review for Prilosec. The Chronic Pain Medical Treatment Guidelines discusses use of a PPI (proton pump inhibitor) such as Protonix, in the "NSAIDs, GI symptoms & cardiovascular risk," section of the guidelines. But the patient is not reported to be taking an NSAID. The Protonix boxed label, states Protonix is indicated for the treatment of GERD The use of Protonix appears to be in accordance with its labeled indication and the Generally accepted standards of medical practice. The request for Protonix 20 mgis medically necessary and appropriate.

TRAMADOL ER 150MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - TRAMADOL (ULTRAM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL (ULTRAM), Opioids, Opioids Specific Drug List Page(s): 113, 75, 93 - 94.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD, and sleep disturbance. I have been asked to review for Tramadol ER 150mg. The Chronic Pain Medical Treatment Guidelines states "Tramadol (UltramÂ®) are reported to be effective in managing neuropathic pain." and is suggested as a second-line oral analgesic. The records show that the patient had tried Vicodin in the past, on August 21, 2013 for the flare up.

By September 18, 2013, the physician noted Vicodin was not helping enough and he started a trial of Tramadol. The tramadol was not used as a first-line oral analgesic, and appears to be used in accordance with MTUS guidelines. The request for Tramadol ER 150 mg is medically necessary and appropriate.

TRAZADONE 50MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress/Mental Chapter, Trazodone Section.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD, and sleep disturbance. I have been asked to review for the trial of trazodone. The Chronic Pain Medical Treatment Guidelines states antidepressants are recommended for neuropathic pain and possibly non-neuropathic pain. The patient also has depression, and sleep issues. ODG guidelines states trazodone is recommended for insomnia if there is co-existing psychiatric issues such as depression. The patient has chronic pain, sleep problems, and depression. The trial of trazodone appears appropriate and in accordance with the Chronic Pain Medical Treatment Guidelines and ODG guidelines. The request for Trazadone 50 mg is medically necessary and appropriate.

URINALYSIS (UA): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEPS TO AVOID OPIOID MISUSE, Drug Testing Section Page(s): 94-95, 43.

Decision rationale: The patient presents with low back and left leg pain, headaches, depression, GERD (gastroesophageal reflux disease), and sleep disturbance. On August 21, 2013, the patient reported increased pain at 9/10, up form her normal 6-7/10. She had been out of Norco for several days. [redacted] prescribed Vicodin, but by September 18, 2013 the pain was not tolerable, so tramadol was added, and the physician requested a UDT (urine drug test). The review of records show no prior UDT. The Chronic Pain Medical Treatment Guidelines on steps to avoid opioid misuse states: " Frequent random urine toxicology screens." The initial UDT is in accordance with Chronic Pain Medical Treatment Guidelines. The request for a urinalysis is medically necessary and appropriate.

TEROCIN PATCH: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112-113.

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), Low Back Chapter, Online For Biofreeze Cryotherapy Gel.

Decision rationale: The patient presents with chronic low back and left leg pain, headaches, depression, GERD, and sleep disturbance. I have been asked to review for Terocin patch. Terocin patches are a dermal patch with 4% lidocaine, and 4% menthol. The Pain Medical Treatment Guidelines states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS for topical lidocaine states: "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI (serotonin and norepinephrine reuptake inhibitor) anti-depressants or an AED (anti-epileptic drugs) such as gabapentin or Lyrica)." And "Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain." The Pain Medical Treatment Guidelines did not discuss Menthol so ODG guidelines were consulted. ODG discusses menthol as the active ingredient in Biofreeze, which takes the place of ice packs, and is recommended on "acute" low back pain. In this case, the patient is beyond the acute phase of care, and Ice packs or menthol are not recommended in the chronic phase. The request for Terocin Patch is not medically necessary or appropriate.