

Case Number:	CM13-0051558		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2008
Decision Date:	04/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Washington DC, Florida and Maryland. 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 physician 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 44-year-old female with stated date of work related injury of 1/8/ 2008. She filed a claim for carpal tunnel syndrome, wrist pain, chronic low back pain, chronic neck pain, and chronic shoulder pain as a result of this injury. Her last evaluation was on 9/16/2013. She complained of multi focal neck, back, hand, wrist, elbow pain with associated paresthesias. She exhibits positive Phalen's, Tinel and Finkelstein maneuvers. She was asked to continue conservative management while authorization for surgical intervention is pending. Current medications includes: Imitrex 25 mg, Omeprazole 20 mg; Topical Lidoderm patches Tramadol 50 mg; Soma 350 mg; Ibuprofen 600mg all of which were denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 25mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Migraine, Triptans, Imitrex.

Decision rationale: Imitrex is indicated in the treatment of migraine headaches, with or without an aura. CAT-MTUS (Effective July 18, 2009) is mute about Imitrex. ODG-TWC guidelines recommended triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one Triptan does not predict a poor response to other agents in that class. In this case, however, there is no mention of headaches, either migrainous or otherwise. Therefore, the request for Imitrex 25mg is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Proton Pump Inhibitors.

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on (NSAID) non-steroidal anti-inflammatory drugs therapy who are at risk of gastro-intestinal bleeding. This patient is taking NSAIDs with no documented GI distress symptom, also there is no supporting documentation or laboratory studies to confirm that this patient has any history of GI distress. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, but the frequency and duration of the Omeprazole treatment was not reported. The guidelines recommended that (GI) gastrointestinal prophylaxis is indicated in patients with history of peptic ulcer, GI bleed perforation, patients above 65-years of age, patients prescribed aspirin, steroids, anticoagulants and NSAIDs either single or in multiple doses. Also absent any clear clinical indication for GI prophylaxis in this patient, the request for Omeprazole 20mg is not medically necessary.

Lidoderm Patches 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) (update 3/31/2014) , Topical Analgesics, Lidoderm.

Decision rationale: Lidoderm patch: active ingredient is Lidocaine. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic

neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. ODG-TWC states that no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this patient, there is no documentation of failure of first line therapy therefore the request for Lidoderm patch is not medically necessary.

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 80, 84 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) (updated 3/31/2014), Opioids, and Tramadol.

Decision rationale: Tramadol is a centrally acting synthetic Opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. (Turturro, 1998) Tramadol is not classified as a controlled substance by the DEA, but it is designated schedule IV drug in 13 states. Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. (Ray, 2013). It is not clear from the notes if the patient has returned to work. One of the criteria for continuation of Opioid therapy is improved functional status, successful return to work and reduction of pain due to prior usage of Opioids. In this case the records do not support any of the above. Therefore the request for Ultram (Tramadol) 50 mg is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant/Antispasmodic Page(s): 65 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Muscle relaxant, Carisoprodol.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines -Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®®, generic available): is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. ODG-TWC-Pain does not recommend soma for chronic pain management. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. The patient does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is

indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period. Therefore the request for Soma 350mg is not medically necessary.

Ibuprofen 60mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs Page(s): 46-47 of 127.

Decision rationale: NSAIDS are usually the first line pain medications after Acetaminophen and for a short duration of time. In this case the patient has been on pain meds for a long time. Official Disability Guidelines recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There is no documentation of functional improvement from prior treatment with this medication. It is not known if the patient has returned to work. In medical records it is not justified medically the long term use of Ibuprofen. Hence Ibuprofen is not medically necessary.