MAXIMUS Federal Services

Case Number:	CM14-0001873		
Date Assigned:	01/22/2014	Date of Injury:	05/15/2006
Decision Date:	04/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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:

The patient is an employee of [redacted] Airlines, Inc. and has submitted a claim for Lumbago and Lumbosacral Neuritis associated with an industrial injury date of 05/15/2006. The treatment to date has included three-level lumbar fusion surgery on 02/2012, lumbar laminectomy and discectomy on 03/02/2007, facet joint injections, acupuncture and manipulation therapy, physical therapy, back brace, oral and topical medications. The utilization review from 12/19/2013 certified the request for Lyrica 150mg #90 because the patient was experiencing ongoing symptoms of neuropathic pain that will necessitate its use. However, the request for Zofran 8mg #90 was denied because it is not indicated for opioid-induced nausea. The request for MS Contin 100mg #90 was likewise denied because there was no documentation regarding pain relief and improved functional activities related to the use of this medication. The requests for Ambien 5mg #60 and Zanaflex 4mg #30 were similarly denied because these are not recommended for long-term use. The request for Lidoderm patch 5% was also denied because there was no evidence that patient only experienced a well-demarcated neuropathic pain consistent with the use of this medication in the guidelines. The request for Medrox ointment was likewise denied because there was no evidence that the patient failed a trial of medications necessitating the use of topical agents. The medical records from 2012 to 2014 were reviewed. The most recent progress report available for review is dated 01/07/2014 stating that patient has a chronic diffuse thoracic, low back, right lower extremity and bilateral knee pain. The pain was aggravated during periods of increased activity and lifting of objects. Patient stated that she can perform her activities of daily living upon intake of medications. Current medications include Zofran ODT 8mg tablet, 1 tablet TID; Medrox ointment 0.0375-20-5%, apply TID; MS Contin 100mg tablet, 1 tablet TID; Ambien 5mg tablet, 1-2 tablets qhs prn; Wellbutrin XL 300mg tablet, 1 tablet qd; Oxycodone HCl 30mg tablet, 1-2 tablets TID prn; Zanaflex 4mg tablet, Â½ to 1

tablet qhs prn; Xenical 120mg capsule, 1 capsule TID; Lidoderm 5% patch (700mg/patch), apply 1-2 qd prn; and Lyrica 150mg capsule, 1 capsule TID. No side effects were noted. Physical examination showed normal appearance of the extremities with tenderness and taut bands in the region concordant with the patient's described painful areas. There was reduced range of motion. Joint stability was normal. Muscle strength was reduced in the plantar flexor muscles. Patient's gait was mildly antalgic. Patient was not able to toe and heel walk. There was soft tissue dysfunction and spasm in the thoracic paraspinal, lumbar paraspinal and gluteal regions. Straight leg rise of the affected side resulted to radicular symptoms. Achilles reflex was decreased. There was dysesthesia throughout the affected areas. MRI of lumbar spine, dated 11/28/2006, showed that there was moderate disc degeneration at levels L3-L4, L4-L5, and L5-S1 with neural foramina encroachment and impingement contributing to moderate spinal canal narrowing. A repeat MRI of lumbar spine on 08/31/2007 showed evidence of L3-L4 laminectomy with loss of disc height. Mild annular bulge at L3-L4 without significant stenosis. At L5-S1 there was a small central annular fissure and mild facet arthropathy without stenosis. Repeat MRI of lumbar spine on 05/02/2013 showed interval wide laminectomy from L3-S1 with interbody fusion at L3-S1. No evidence of motion, herniation or stenosis. Mild collection posterior to the laminectomy defect, most likely representing a residual seroma. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOFRAN 8MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Anti-Emetics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics, and Ondansetron

Decision rationale: The California MTUS does not address this issue. The Official Disability Guidelines, Pain, Antiemetics, and Ondansetron section states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. In this case, none of the recent reports from the treating physician provide any rationale for the use of Zofran. The use of Zofran does not appear to be in accordance with the guidelines. Therefore, the request for Zofran 8mg, #90 is not medically necessary and appropriate.

MEDROX OINTMENT 0.0375-20-5% #120: Upheld

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

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

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. CA MTUS ACOEM, CA MTUS Chronic Pain and ODG do not address the use of menthol. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. In this case, the employee has chronic pain and meets the guideline criteria for topical salicylate. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. As stated in page 111 of Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no clear rationale for using this medication as opposed to supported alternatives. Therefore, the requested Medrox ointment 0.0375-20-5% #120 is not medically necessary and appropriate.

MS Contin 100mg #90: Upheld

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

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

Decision rationale: As stated in page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the most recent progress report written on 01/07/2014 appeared to be a template that did not differ from the progress report written as early as 04/26/2013. There should be proper documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform with the use of opioids. Therefore, the request for MS Contin 100mg, #90 is not medically necessary and appropriate.

AMBIEN 5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem section

Decision rationale: The Official Disability Guidelines, Pain Chapter, Zolpidem section states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic which is

approved for short-term usually 2-6 weeks treatment of insomnia. In this case, the earliest progress report mentioning patient's usage of Ambien was written on January 25, 2013. The employee has exceeded the guidelines recommendation for the use of Ambien. Specific efficacy was not assessed. Therefore, the request for Ambien 5mg #60 is not medically necessary and appropriate.

OXYCODONE HCL 30MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines specify four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiods: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, medical records submitted and reviewed showed no documentation evidencing functional improvement and pain relief (% improvement in pain level or pain score) associated with the use of opiod. The most recent progress report written on 01/07/2014 appeared to be based on a template that did not differ from the progress report written as early as 04/26/2013. Therefore, the request for Oxycodone HCl 30mg, #180 is not medically necessary and appropriate.

ZANAFLEX 4MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to page 63 of Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the earliest progress report mentioning patient's usage of Zanaflex was 01/25/2013; long-term use is not recommended. Medical records submitted did not show any evidence that the medication provided pain relief and if it improved functional activities. Therefore, the request for Zanaflex 4mg, #30 is not medically necessary and appropriate

LIDODERM PATCH 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: As stated in pages 56-57 of Chronic Pain Medical Treatment Guidelines, Lidoderm (Lidocaine patch) may be recommended for localized peripheral 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). This is not a first-line treatment and is only FDA-approved for post-herpetic neuralgia. Furthermore, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, medical records submitted for review did not indicate the employee failing a trial of a first-line therapy. The earliest progress report mentioning the patient's usage of Lyrica was dated 01/25/2013. There was no documentation whether the Lyrica did not contribute to pain relief or overall functional improvement necessitating the use of Lidoderm patch as a second-line therapy. Therefore, the request for Lidoderm patch 5%, #60 is not medically necessary and appropriate.