

Case Number:	CM14-0003236		
Date Assigned:	01/31/2014	Date of Injury:	08/04/2005
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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] and has submitted a claim for major depression, postlaminectomy syndrome of lumbar region, and traumatic arthropathy of hip associated with an industrial injury date of 08/04/2005. Treatment to date has included lumbar decompression and fusion surgery in 2009, right hip intra-articular injection in 2012, paraffin bath, acupuncture, lumbar epidural steroid injection, spinal cord stimulator, Toradol injections, cognitive behavioral therapy, home exercise program, and medications such as, Norco, MS Contin, tramadol, ketoprofen, omeprazole, and Menthoderm. Medical records from 2008 to 2014 were reviewed showing that patient complained of low back pain, graded 8/10 in severity, radiating to bilateral lower extremities. Pain was aggravated when moving from a sitting position. This resulted to difficulty in walking. Patient was depressed and anxious. He likewise complained of constipation. Physical examination showed guarding with decreased range of motion of the lumbar spine. Tenderness was present over the bilateral greater trochanteric bursae. Motor strength was normal. Patient ambulated using a cane; and was able to walk on toes and heels. Hip rotation resulted to pain. Deep tendon reflexes were 1+/2 on both knees, and absent on the ankles. SLR test was positive bilaterally, localizing at the low back and ipsilateral leg pain. Provocative maneuvers of the right hip resulted to pain. Sensation was diminished at lower extremities. Mental status examination revealed that he had slowed speech with decreased energy levels. His affect was depressed, and very discouraged. Utilization review from 12/11/2013 denied the requests for trazodone 50mg, #30 because documents submitted showed that the patient's mood was 'deteriorating' despite prescription of this medication; Menthoderm 120mL, #2 due to no supportive evidence of its use; omeprazole 20mg, #60 because there were no reports of gastrointestinal distress; toradol injection (ketorolac) because this cannot be used as adjunct to opioids, but rather as an alternative treatment; Metamucil fiber due to no complaints of

constipation despite opioid use; and heat wraps because the patient can conduct this type of treatment conveniently at home using regular hot packs. On the other hand, there was modified certification of Norco 10/325 mg, #68 into #16; and MS Contin 60 mg into #60 for weaning purposes since there was no evidence that opioids resulted to functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAZODONE 50MG, #30:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antidepressants for Chronic Pain.

Decision rationale: As stated on page 14 of Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Furthermore, ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, patient has persistent low back pain radiating to bilateral lower extremities. He has been on Trazodone since 2012 for insomnia, depression, as well as, chronic pain. However, medical records submitted and reviewed do not indicate functional gains derived from its use. There was no documented decrease in pain scale, as well as improved quality of sleep. The medical necessity has not been established. The guidelines require documentation of treatment efficacy for continued use, as stated above. Therefore, the prospective request for 1 prescription of Trazodone 50mg, #30 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NORCO 10/325MG, #68: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient

has been on Norco since 2009. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. therefore, the prospective request for 1 prescription of Norco 10/325mg, #68 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MS CONTIN 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 78.

Decision rationale: As stated on page 78 of Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient has been on MS Contin since 2009. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the prospective request for 1 prescription of MS Contin 60mg is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MENTHODERM 120ML, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Salicylate, Top.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Capsaicin.

Decision rationale: Methoderm is a topical analgesic which contains menthol and methyl salicylate. Pages 111-113 of the Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the Menthol component, Methoderm is a topical analgesic which contains menthol and methyl salicylate. Pages 111-113 of the Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the Menthol component, Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. According to the guideline, topical salicylate is significantly better than placebo in chronic pain;

which is likewise cited in an appeal letter, dated 10/17/13. In this case, Medi-Patch was prescribed as adjuvant therapy for oral medications and Lidoderm patch. However, this contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class that is not recommended. There is likewise no discussion concerning patient's intolerance to oral medications that may necessitate topical drug formulation. Therefore, the prospective request for 1 prescription of Mentoderm 120ml, #2 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEPRAZOLE 20MG, #60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, (NSAIDS), GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.24.2 Page(s): 68.

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Proton pump inhibitors (PPI) should be given for those with intermediate to high risk factors. In this case, patient has been on Omeprazole since 2012. He is likewise being prescribed with opioids and NSAIDs. However, there are no subjective complaints and objective findings pertaining to the gastrointestinal system, which may necessitate PPI use. He likewise does not meet any of the aforementioned risk factors. An appeal letter, dated 02/05/2014, cited that Omeprazole should be prescribed by citing guidelines regarding its use. However, a progress report, dated 11/11/13, specifically stated that patient does not have gastric issues with his medications. The guideline criteria were not met. Therefore, the prospective request for 1 prescription of Omeprazole 20mg, #60 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TORADOL INJECTION (KETOROLAC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Ketorolac (Toradol).

Decision rationale: As stated on page 72 of Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol) is not indicated for minor or chronic painful conditions. ODG Pain Chapter further states that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. In this case, patient had been on MS Contin and Norco at the time when he

received Toradol injection since 2010; thus, this was prescribed not as an alternative medication, but rather, as an adjunct to treatment which is not recommended by the guidelines. The most recent Toradol injection he received was dated 01/02/2014, and stated that it was helpful in managing his pain. However, the report did not include evidence of a decrease in pain score, reduction of oral medications intake, or increased in activity levels. Lastly, patient has low back pain since the industrial injury date of 2005; however, Ketorolac is not indicated for chronic painful disorders as stated above. The guideline criteria have not been met. Therefore, the prospective request for 1 prescription of Toradol Injection (Ketorolac) is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF METAMUCIL FIBER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioid-Induced Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , 9792.20 - 9792.26 Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Psyllium husk.

Decision rationale: Page 77 of Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. Metamucil contains psyllium, a bulk-forming fiber laxative attributed to the presence of soluble fiber. In this case, patient has been on chronic opioid therapy since 2012; and reported episodes of constipation. However, utilization review, dated 01/27/2014, already certified the request for docusate 100mg, #60. There is no discussion concerning the need for multiple stool softeners in this case. It is unclear why docusate sodium cannot suffice at this time. Therefore, the prospective request for 1 prescription of Metamucil fiber is not medically necessary.

PROSPECTIVE REQUEST FOR 1 REQUEST FOR HEAT WRAPS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Low Back Section was used instead. It states that continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. It has been found to be helpful for pain reduction and return to normal function. In this case, patient has persistent low back pain despite multiple oral medications and a home exercise program. Heat therapy is recommended as an option for this case. Therefore, the prospective request for 1 request for Heat Wraps is medically necessary.

