

Case Number:	CM14-0004114		
Date Assigned:	02/13/2014	Date of Injury:	11/03/2007
Decision Date:	07/31/2014	UR Denial Date:	12/30/2013
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 a 68-year-old male who has filed a claim for episodic dizziness and lumbar degenerative spondylosis associated with an industrial injury date of November 03, 2007. A review of the progress notes reports that the patient has complaints of neck pain radiating to the upper extremities with a feeling of weakness; and low back pain radiating to the lower extremity and groin region. The patient also experiences intermittent dizzy spells, erectile dysfunction, and urinary incontinence. Findings include decreased cervical and lumbar range of motion, decreased motor strength of the right upper extremity, diffuse lumbar tenderness, and antalgic gait using a cane, and positive Fabere test on the left. MRI of the cervical spine dated November 27, 2012 showed multilevel disc bulges with neuroforaminal compromise, mass effect upon the cord at C4-5 and C5-6, and grade 1 anterolisthesis of C7 on T1. Lumbar MRI dated March 24, 2011 showed multilevel disc bulges, and a right paracentral osteophyte complex at L5-S1 abutting the right S1 nerve root. Cervical spine x-ray performed on January 24, 2014 showed marked spondylosis at C5-6 and C6-7 with uncinat hypertrophy at C4-5 and C5-6. Lumbar x-ray showed a curvature towards the right, severe arthrosis of the left hip joint, and complete dissolution of the top of the left femoral head with cystic changes between the acetabulum and femur. Treatment to date has included NSAIDs, opioids, Dendracin lotion, and cervical epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least February 2013. The patient takes 0-4 of this medication per day, when the pain is severe. This medication is a reasonable option to manage severe pain episodes in this patient on an as-needed basis. The patient reports functional improvement and decreased pain with the current medication regimen. However, the quantity to be dispensed was not specified. Therefore, the request is not medically necessary.

CELEBREX 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. The patient has been on this medication since at least February 2013. The patient reports that attempts to reduce use of this medication has resulted in an increase of pain, and thus continuation of this medication is a reasonable option to manage the patient's pain symptoms. The patient reports functional improvement and decreased pain with the current medication regimen. However, the requested quantity is not specified. Therefore, the request is not medically necessary.

PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least February 2013. The patient takes 0-4 of this medication per day, when the pain is severe. This medication is a reasonable option to manage severe pain episodes in this

patient on an as-needed basis. The patient reports functional improvement and decreased pain with the current medication regimen. However, the quantity to be dispensed was not specified. Therefore, the request is not medically necessary.

GABAPENTIN 600MGM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs (AEDS) Page(s): 16-18.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. The patient has been on this medication since April 2013. The patient reports that this medication helps with neuropathic symptoms, and takes half a tablet 2-4 times a day, depending on the pain levels. The patient reports functional improvement and decreased pain with the current medication regimen. The patient continues to have neuropathic pain for which this medication is medically necessary. However, the requested quantity is not specified. Therefore, the request is not medically necessary.

SENOKOT-S: 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 Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. The FDA states that Senna is indicated for short-term treatment of constipation, and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The patient has been on this medication since June 2013. This medication is necessary to manage constipation associated with medication intake, and the patient is still on opioid therapy. However, the requested quantity is not specified. Therefore, the request is not medically necessary.

FLURBIPROFEN (30%), CAMPHOR (2%), MENTHOL (2%), CAPSAICIN (0.0375%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounds Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28;111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little to no research as for the use of flurbiprofen in compounded products. Regarding the Capsaicin component, guidelines state that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the California MTUS guidelines do not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over the counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no clear indication for the necessity of this medication. The patient does not report intolerance to or failure of current oral pain medication regimen. There is no rationale for variance from the guidelines. Therefore, the request is not medically necessary.