

Case Number:	CM14-0004564		
Date Assigned:	02/05/2014	Date of Injury:	10/14/2008
Decision Date:	07/02/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, 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:

The patient is a 58-year-old male who has submitted a claim for hypertension, lumbosacral intervertebral disc degeneration, and lumbar intervertebral disc disorder with myelopathy associated with an industrial injury date of October 14, 2008. Medical records from 2012 to 2014 were reviewed. The patient has complaints of lower back pain radiating to the left leg, graded 8/10 in severity. Aggravating factors included bending, lifting, twisting, prolonged sitting, walking, and coughing. Physical examination of the lumbar spine revealed restricted range of motion, tenderness, and muscle spasm. Ankle reflexes were 1+. Sensation was intact. Treatment to date has included lumbar epidural steroid injections, chiropractic care, physical therapy, and medications such as tramadol, gabapentin, Flexeril, Norco, Protonix, and topical medications. Progress report from January 24, 2014 cited that patient was no longer on Flexeril and Norco. Utilization review from December 26, 2013 denied the requests for tramadol hydrochloride, Norco, Naproxen, pantoprazole, cyclobenzaprine, the compound cream containing flurbiprofen, lidocaine and compound cream containing ketoprofen, lidocaine, Ultraderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL HYDROCHLORIDE ER (ULTRAM ER (R)) 150MG EVERY DAY: Upheld

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

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

Decision rationale: According to the 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 tramadol since 2012. However, the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

HYDROCODONE/ACETAMINOPHEN (NORCO (R)) 2.5/325MG TWICE A DAY:
Upheld

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

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

Decision rationale: According to the 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 2012. However, the medical records did not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Guidelines require clear and concise documentation for ongoing management. Moreover, progress report from January 24, 2014 cited that patient was no longer on Norco. Therefore, the request is not medically necessary.

NAPROXEN SODIUM (NAPROSYN (R)) 550MG TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

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 that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since February 2013. However, there was no documentation concerning

pain relief or functional improvement derived from its use. Moreover, long-term use is not recommended. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE (FLEXERIL (R)) 7.5MG TWICE A DAY: 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 Relaxant (for pain) Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since 2012. However, patient continued to manifest with muscle spasm at the paralumbar area. Furthermore, long-term use is not recommended. The request likewise failed to specify the quantity to be dispensed. Therefore, the request is not medically necessary.

PANTOPRAZOLE (PROTONIX (R)) 20MG TWICE A DAY: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since February 2013. However, there was no subjective report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, the patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request is not medically necessary.

COMPOUND CREAM: FLURBIPROFEN 20% / LIDOCAINE 2% (R) AS NEEDED: 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: 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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, patient has been on this medication since February 2013. There were no documented functional gains from its use. Moreover, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. The noted compound medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

COMPOUND CREAM: KETOPROFEN 20% / LIDOCAINE 5% / ULTRADERM BASE (R) AS NEEDED: 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: 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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. The guidelines do not address Ultraderm base. In this case, patient has been on this medication since February 2013. There were no documented functional gains from its use. Moreover, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. The noted compound medication is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.