MAXIMUS Federal Services

Case Number:	CM14-0009463		
Date Assigned:	02/14/2014	Date of Injury:	08/27/2007
Decision Date:	07/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 51-year-old female who reported injury on 08/27/2007. The specific mechanism of injury was not provided. The injured worker's medication history included Tizanidine 4 mg #90, Doxepin 3.3% gel 60 grams, Pantoprazole Protonix 20 mg #60, Relafen 500 mg #90, Lidoderm 5% patches, Synovacin-Glucosamine Sulfate 500 mg #90, Gabapentin 600 mg tablets, and Hydrocodone/APAP 5 per 500 mg #30 as of 04/2013. The diagnoses included spinal stenosis, spinal lumbar, lumbar disc displacement without myelopathy, degeneration of lumbosacral disc, sciatica, pain psychogenic NEC, carpal tunnel syndrome, acquired spondylolisthesis, and sprain and strain of the neck. The documentation from 01/21/2014 was an appeal letter for the denial of medications for the date of service 12/26/2013. There was no DWC Form RFA nor PR2 submitted for the date of requested service 12/26/2013. The discussion per the physician was that the injured worker as of 08/30/2013 reported that Doxepin reduced some of her back pain and wrist for about 5 hours after application in combination with oral medications and it prevented the escalation of oral medications. Regarding the use of Lidoderm patches, the physician indicated the injured worker had tried and exhausted all conservative management including physical therapy, a home exercise program, acupuncture, massage therapy, injections, chiropractic treatment, and oral medications. The injured worker had tried Topamax, an antiepileptic drug in the past, without much benefit. The injured worker was not interested in surgical intervention or invasive procedures and was utilizing Gabapentin. The physician opined, the concurrent use of Lidoderm patches would prevent the escalation of Gabapentin and Norco. The physician indicated the Lidoderm patches assisted the injured worker with pain reduction and allowed greater function and the injured worker had no adverse reactions with them. The physician further noted that the injured worker had a pain reduction with the use of Norco and Gabapentin from a 7/10 or 8/10, to 5/10 with medications. It was

noted that the injured worker could perform activities of daily living more easily, including personal hygiene activities. The injured worker was able to continue her job and tolerate it with the help of the medications. The injured worker was at that time having a flare up and was unable to tolerate work. The injured worker denied adverse reactions. The physician noted that the injured worker was utilizing Norco as needed and not on a regular basis. The physician indicated, regarding the use of Cyclobenzaprine-Flexeril, the injured worker used Flexeril on an intermittent basis and only as needed at the time of flare-ups. The physician indicated, the injured worker had decreased intensity and severity of muscle spasms and improved function with the medication. It was indicated the injured worker had trialed Zanaflex but did not find it to be beneficial. The physician further documented, without the medication, the injured worker would suffer more muscle tension causing the physician to increase medications and consider more expensive procedures. The physician documented, regarding Protonix the injured worker had used Relafen, naproxen, Etodolac, and other NSAIDs in the past and reported GI complications with them. It was indicated that at the time of the letter the injured worker was utilizing ibuprofen and other medications such as Norco that could cause GI upset, nausea, and heartburn. It was a preventative that was utilized once a day to prevent complications due to gastritis and heartburn secondary to these medications. The physician documented, regarding the retrospective request for Synovacin-Glucosamine that the injured worker did not have knee osteoarthritis the physician indicated the guidelines do not limit the use to injured workers who only have osteoarthritis. It was noted that the injured worker had tried extensive conservative management including physical therapy, home exercise program, injections, massage therapy, acupuncture, chiropractic treatment, and oral medications, but continued to be symptomatic. It was noted that the injured worker was utilizing a small amount every day and there was no reason to stop it. Regarding the use of ibuprofen, the physician documented the injured worker had degenerative disc changes in the lumbar spine at L4-5 and L5-S1 and ibuprofen was recommended at a dose of more than 400 mg for osteoarthritis. The physician documented the injured worker utilized it as needed and not on a regular basis and the injured worker was tolerating it well.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR DOXEPIN 3.3% GEL 60GM DOS: 12/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The California MTUS does not specifically address topical application of anti-depressants. However, peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT

reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 9 months. There was no DWC Form RFA, nor PR2 submitted for the requested date of service. The clinical documentation indicated the injured worker had utilized the medication for greater than 9 months. In the appeal, it was noted the injured worker had a reduction of back pain and wrist pain for 5 hours after the application in combination with oral medications and the use of doxepin gel prevented the escalation of oral medications including Norco, there was a lack of documentation of objective functional benefit received from the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for doxepin 3.3% gel 60 grams date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR LIDODERM 5% PATCH #30 DOS: 12/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

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

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The clinical documentation indicated the injured worker had utilized the medication for greater than 9 months. The physician documentation written in appeal indicated the utilization of the Lidoderm patches prevented the escalation of gabapentin and Norco and it was indicated the Lidoderm patches assisted with pain reduction and allowed greater function. The request as submitted failed to indicate the frequency for the requested medication. There was no DWC form RFA nor PR-2 submitted for the reqeusted date of service 12/26/2013. Given the above, the retrospective request for Lidoderm 5% patch #30 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR HYDROCODONE/APAP 5/500MG #90 DOS: 12/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of of objective functional improvement and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review in appeal indicated the injured worker met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. There was no DWC form RFA nor PR-2 submitted for the reqeusted date of service 12/26/2013. Given the above, the retrospective request for hydrocodone/APAP 5 per 500 mg #90 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE-FLEXERIL 7.5MG #90 DOS: 12/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review in appeal indicated the medication decreasd the injured worker's intensity and severity of muscle spasms and function was improved dramatically. It was indicated the injured worker had trialed Zanaflex previously and did not find it to be beneficial. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 9 months. There was a lack of documentation indicating a necessity for 90 tablets if it was for PRN use. The request as submitted failed to indicate the frequency for the requested medication. There was no DWC form RFA nor PR-2 submitted for the reqeusted date of service 12/26/2013. Given the above, the retrospective request for cyclobenzaprine-Flexeril 7.5mg #90 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR PANTOPROZOLE-PROTONIX 20MG #60 DOS: 12/26/13: 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 Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted in appeal indicated the injured worker had dyspepsia. The letter of appeal indicated the medication helped prevent complications due to gastritis and heartburn secondary to the NSAIDs; however, there

was a lack of documentation indcating the efficacy for the requested medication as it was indicated the injured worker was utilizing the medication for greater than 9 months. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the physician indicated the injured worker would be utilizing the medication 1 time a day and there was lack of documentation indicating a necessity for 60 tablets if usage was 1 time a day. There was no DWC form RFA nor PR-2 submitted for the requested date of service 12/26/2013. Given the above, the retrospective request for pantroprazole-Protonix 20 mg #60 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR SYNOVACIN-GLUCOSAMINE SULF 500MG #90 DOS: 12/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The California MTUS Guidelines recommend glucosamine for patients with moderate arthritis pain, especially knee osteoarthritis. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 9 months. The appeal documentation indicated that glucosamine would prevent the onset of arthritis and retard the progression of osteoarthritis. The injured worker was utilizing a small amount every day and there was no reason to stop using it; however, the clinical documentation submitted for review failed to indicate the efficacy for the requested medication and the objective functional benefit received from the medication. There was no DWC Form RFA nor PR 2 submitted for the requested date of service 12/26/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for synovacin-glucosamine sufate 500 mg #90 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR GABAPENTIN 600MG #120 DOS: 12/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review in appeal included documentation of the above criteria. It was indicated the injured worker had neuropathic pain. There was no DWC Form RFA nor PR2 submitted for the requested dated of service 12/26/2013. The request as submitted failed to indicate the frequency

for the requested medication. Given the above, the retrospective request for gabapentin 600 mg #120 date of service 12/26/2013 is not medically necessary.

RETROSPECTIVE REQUEST FOR IBUPROFEN 500MG #90 DOS: 12/26/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MOTRIN (IBUPROFEN).

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

Decision rationale: The California MTUS Guidelines recommend NSAIDs as a short term symptomatic relief for low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review in appeal met the above criteria; however, the request as submitted failed to indicate the frequency for the requested medication. It was indicated the injured worker had been utilizing NSAIDs for greater than 9 months. Given the above, the retrospective request for ibuprofen 500 mg #90 date of service 12/26/2013 is not medically necessary. There was no DWC Form RFA nor PR2 submitted for the requested date of service.