

Case Number:	CM14-0105736		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2010
Decision Date:	08/15/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 50-year-old who was injured on December 4, 2010. She was diagnosed with umbilical hernia (with a history of multiple repair surgeries), and also a herniated lumbar disc with mild lumbar radiculopathy, trochanteric bursitis right and left hips, and chronic pain syndrome. She has a history of morbid obesity, anxiety, depression, hypertension, and intermittent insomnia. She was treated with physical therapy and oral and topical analgesics including opioids and NSAIDs (non-steroidal anti-inflammatory drugs). She was also prescribed benzodiazepines, muscle relaxants, anti-epileptic medications, medical food supplements for insomnia, Toradol injections, epidural injections, lumbar facet block injections, and chiropractor visits. She had been off of work mostly due to her hernia and surgeries related to this. Her abdominal surgery later developed an abscess which complicated her recovery. On March 18, 2011 she was seen by her treating orthopedic surgeon/pain specialist complaining of her bilateral hip and upper/mid/lower back pain. Physical examination was significant for positive crossed leg test bilaterally as well as hypoesthesia at the L5-S1 dermatome right and left side with weakness in the toe dorsiflexor bilaterally. She was prescribed MRI, physical therapy, topical analgesics, gabapentin, Gabadone, anaprox, Prilosec, Zanaflex, Lido/Flexeril/keto cream and Norco. On January 4, 2012 she was seen by her orthopedic physician who complained of her ongoing lower back pain with radicular symptoms as well as abdominal pain, and the following medications were prescribed: Norco, Naproxen, Zanaflex, Dyazide, and Glipizide, although it is not known how long and how she had been taking these medications. Between January 4, 2012 and February 15, 2012 the worker was prescribed Ultracet in addition to her other medications, including Norco. Later, on June 14, 2013, the worker was seen again by her orthopedic physician complaining of her usual pain, and her medications were then refilled which included Anaprox, Prilosec, Ultram, and Norco. Later, her Ultram was refilled on October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex, provided on January 4, 2012: 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 Muscle relaxants pp. 63-66 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, it is not known how long she had been using this medication, but it appeared to be beyond its recommended duration. Also, no evidence of functional and pain-relief benefits were found in the documentation. Therefore, the request for Zanaflex, provided on January 4, 2012 is not medically necessary or appropriate.

Naproxen provided on January 4, 2012: 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 NSAIDs pp. 67-73 Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The Chronic Pain Medical Treatment Guidelines also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, it is not known if she had been using this particular medication before and if so, how effective it was treating her pain and improving her function. If it was a request to begin using an NSAID, there was no subjective or objective evidence found in the notes provided for review of the worker experiencing a flare-up which might justify a short course of this medication. Therefore, the request for Naproxen provided on January 4, 2012 is not medically necessary or appropriate.

Topical keto cream: Flexeril Compound provided on March 18, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants such as Flexeril have no evidence to back up its effectiveness and safety and is not recommended for use. The worker in this case was recommended this medication to help treat her chronic pain, but other medications would be considered first-line therapy in this situation and therefore, the request for Topical keto cream: Flexeril Compound provided on March 18, 2011 is not medically necessary or appropriate.

Topical Capsaicin Topical and Ketoprofen Topical provided on June 10, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Topical use of ketoprofen is not recommended for use, as it is not currently approved for a topical application and has a high incidence of photocontact dermatitis. Therefore, the request for Topical Capsaicin Topical and Ketoprofen Topical provided on June 10, 2011 is not medically necessary or appropriate.

Ultracet 37.5/325mg sixty count provided on February 15, 2012: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp. 78-80, 93 Page(s): 78-80, 93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Tramadol specifically is a synthetic opioid and is not to be combined with antidepressant medications or supplements (such as Gabadone). Tramadol was prescribed to the worker while also taking Norco. Without documentation of Norco's benefits or failures with its

use in this worker, adding Tramadol is difficult to justify. Choosing one opioid agent seems more appropriate and since the Norco was not documented as being stopped, the Tramadol is not warranted. Later, when this medication was continued and renewed, there was no evidence for its functional benefit with its use. Therefore, the request for Ultracet 37.5/325mg sixty count provided on February 15, 2012 is not medically necessary or appropriate.

Norco, provided on March 8, 2011: 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 pp. 78-80 Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker in this case had been using this medication for her pain, but no evidence was found for its benefit in this worker. Without documentation to show evidence of functional and pain relief benefits with the use of Norco. The request for Norco, provided on March 8, 2011 is not medically necessary or appropriate.

Gabapentine 350mg + B6 ninety count provided on March 18, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Therapeutics Medical Foods: Gabadone (<http://www.ptlcentral.com/medical-foods-products.php>).

Decision rationale: The MTUS is silent in regards to the combination oral product, Gabadone. Gabadone is a prescription medical food which contains amino acids and polyphenol ingredients for the management of sleep disorders and anxiety. Due to lack of evidence for this product, it being a combination product without proof of benefit over taking the individual ingredients separately, there is no justification for its use. Therefore the Gabapentine 350mg + B6 ninety count provided on March 18, 2011 is not medically necessary or appropriate.

Topical Ketoprofen and Capsaicin creams provided on July 22, 2011: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Topical use of ketoprofen is not recommended for use, as it is not currently approved for a topical application and has a high incidence of photocontact dermatitis. The request for Topical Ketoprofen and Capsaicin creams provided on July 22, 2011 is not medically necessary or appropriate.

Glipizide provided on January 4, 2012: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: glipizide (<http://reference.medscape.com/drug/glucotrol-glipizide-342708>).

Decision rationale: The MTUS Guidelines do not address glipizide use. Glipizide is an oral medication used in the treatment of type 2 diabetes mellitus. This is no mention of the reason for the prescription for this medication by her orthopedic physician. The request for Glipizide provided on January 4, 2012 is not medically necessary or appropriate.

Dyazide provided on January 4, 2012: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape: tramterene/hydrochlorothiazide (<http://reference.medscape.com/drug/dyazide-triamterene-hydrochlorothiazide-342342>).

Decision rationale: The MTUS is silent in regards to Dyazide use. Dyazide is triamterene/hydrochlorothiazide, a combination diuretic medication used for the treatment of hypertension and edema. In the case of this worker, she was prescribed this medication by her orthopedic doctor. There is no evidence to suggest why this medication is related to her injury. The request for Dyazide provided on January 4, 2012 is not medically necessary or appropriate.

Ultram provided on June 14, 2013: 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): 78 - 80, 93.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Tramadol specifically is a synthetic opioid and is not to be combined with antidepressant medications or supplements (such as Gabapone). Tramadol was prescribed to the worker while also taking Norco. Without documentation of Norco's benefits or failures with its use in this worker, adding Tramadol is difficult to justify. Choosing one opioid agent seems more appropriate and since the Norco was not documented as being stopped, the Tramadol is not warranted. Later, when this medication was continued and renewed, there was no evidence for its functional benefit with its use. Therefore, the request for Ultram provided on June 14, 2013 is not medically necessary or appropriate.

Tramadol provided on October 23, 2013: 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): 78 - 80, 93.

Decision rationale: See #5 for references and rationale. The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Tramadol specifically is a synthetic opioid and is not to be combined with antidepressant medications or supplements (such as Gabapone). Tramadol was prescribed to the worker while also taking Norco. Without documentation of Norco's benefits or failures with its use in this worker, adding Tramadol is difficult to justify. Choosing one opioid agent seems more appropriate and since the Norco was not documented as being stopped, the Tramadol is not warranted. Later, when this medication was continued and renewed, there was no evidence for its functional benefit with its use. The request for Tramadol provided on October 23, 2013 is not medically necessary or appropriate.