

Case Number:	CM14-0106979		
Date Assigned:	08/01/2014	Date of Injury:	05/08/2012
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Texas and Ohio. 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 57-year-old male with a reported date of injury on 05/06/2012. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include cervical/lumbar discopathy, carpal tunnel/double crush syndrome, rule out internal derangement to the bilateral shoulders, left shoulder impingement syndrome with rotator cuff tear, rule out internal derangement to the right hip, right knee, right ankle, and bilateral plantar fasciitis. His previous treatments were noted to include cervical and lumbar epidural steroid injections, facet blocks, and medications. The progress note dated 05/13/2014 revealed the injured worker reported he was doing quite well after the lumbar radiofrequency denervation; however, he had an exacerbation of leg pain bilaterally. The physical examination revealed weakness to the ankle flexion bilaterally, weakness to the dorsiflexion of the great toe bilaterally, and positive straight leg raise testing bilaterally. The injured worker had a loss to pinprick at the L4 and L5 bilaterally. The Request for Authorization form dated 06/09/2014 was for naproxen sodium tablets 550 mg #120 (take 1 ever 12 hours as needed for pain), Omeprazole 20 mg #120 (1 every 12 hours as needed upset stomach), tramadol ER 150 mg #90 (daily as needed for severe pain), and Terocin patch #30 (for mild to moderate acute or chronic aches or pain).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The injured worker has been utilizing Naproxen Sodium since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend, "NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." The guidelines also recommend NSAIDs as a "second line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is no conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain." The guidelines recommend "NSAIDs as an option for short term symptomatic relief for chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The guidelines state there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. There is a lack of documentation regarding efficacy of this medication, and the injured worker indicated he received good pain relief from the previous facet blocks. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is considered not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,69.

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

Decision rationale: The injured worker has been utilizing Omeprazole 20mg since 04/2014. The California Chronic Pain Medical Treatment Guidelines state the "physician should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs." There is a lack of documentation regarding gastrointestinal upset to necessitate this medication and the previous request for Naproxen was non-certified. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not considered medically necessary.

Tramadol ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80,93,94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, "the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects." The guidelines also state that the "4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed." There is a lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications. There is also a lack of documentation regarding improved functional status with activities of daily living with the use of the medications. In addition, there is a lack of documentation regarding side effects and as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding evidence of significant pain relief, increased functional status, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. The request failed to provide the frequency at which this medication is to be utilized. As such, the request is considered not medically necessary.

Terocin patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111,112. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The guidelines recommend "topical Lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica).

Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The guidelines do not recommend topical Lidocaine for non-neuropathic pain. There is a lack of documentation regarding efficacy of this medication. The Terocin patch consists of Lidocaine and menthol, and the guidelines recommend Lidoderm patch, which has been designated for orphan status by the FDA for neuropathic pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.