MAXIMUS Federal Services

Case Number:	CM14-0109698		
Date Assigned:	09/16/2014	Date of Injury:	01/02/2012
Decision Date:	11/14/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 50-year-old male who injured his low back on January 2, 2012. He has been complaining of low back pain radiating into the lower extremities associated with numbness, tingling and temperature changes. The medical records were reviewed. Nerve conduction and electromyogram studies were normal (8-22-2012). An MRI scan of the lumbar spine revealed disc degeneration at L4-L5 but no evidence of nerve impingement. The physical exam has revealed tenderness to palpation of the lumbar spinous processes, interspinous ligaments, and left sciatic notch. There is diminished lumbar range of motion. The neurologic exam preceding a lumbar epidural steroid injection revealed mild weakness of the extensor hallucis longus with normal reflexes and sensation. After a lumbar steroid injection, the low back pain and lower extremity neurologic symptoms resolved for a period of approximately 2 months. The injured worker returned to work but began to experience low back pain radiating to the lower extremities again. This time the neurologic exam revealed patchy, diminished sensation bilaterally in the L5 distribution. The diagnoses include lumbar disc protrusion and lumbar radiculopathy. The injured worker has been taking as needed anti-inflammatories, topical analgesics, and opioids. The pain medication is said to reduce the pain from a 7/10 to a 2-4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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 Official Disability Guidelines (ODG), Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: According to the guidelines, when prescribing NSAIDs for patients, the clinician should assess risk factors for gastrointestinal complications. Those risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. If risk factors exist, prescription of a proton pump inhibitor like Omeprazole is indicated. In this case, the injured worker has none of the above risk factors. Therefore, Omeprazole 20 mg, #60, is not medically necessary under the referenced guidelines.

Ibuprofen 800mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs

Decision rationale: The Official Disability Guidelines do recommend NSAIDs like Ibuprofen for acute low back pain & acute exacerbations of chronic pain: Recommended as a second-line treatment after Acetaminophen. In general, there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute low back pain. In this instance, the injured worker appears to have a waxing and waning nature to his complaints and seems to be utilizing the Ibuprofen for flare ups of his pain. Therefore, Ibuprofen 800mg #90 is medically necessary.

Norco 10/325mg #30: Overturned

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 Official Disability Guidelines (ODG), Pain, Opioids

Decision rationale: According to the guidelines, short-acting opioids, also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling both acute and chronic pain. Norco is a short acting opioid containing Hydrocodone and Acetaminophen. In this instance, the injured worker has been taking the Norco as needed, but not chronically. The Norco (and Ibuprofen) has reduced his pain levels substantially on the occasions that he has

taken it and his functionality has improved as evidenced by his return to work. Therefore, Norco 10/325 mg, #30 is medically necessary.

Temazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepenes and Insomnia Treatment

Decision rationale: Benzodiazepines such as Temazepam are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 days). These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). In this instance, the use of Temazepam appears to exceed the short-term use time frame as it has been prescribed on several occasions and the most current request is for 30 pills. Therefore, Temazepam 15mg #30 is not medically necessary per the referenced guidelines.

Gabacyclotram 180gm: Upheld

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

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

Decision rationale: Gabacyclotram is a compounded formulation containing the anti-epileptic medication Gabapentin and the muscle relaxant Cyclobenzaprine. Neither medication is recommended for use topically by the guidelines. The guidelines state that any compounded formulation that contains one non-recommended ingredient is not recommended as a whole. Therefore, Gabacyclotram is not medically necessary.

Genicin #90: 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 Glucosamine Page(s): 50.

Decision rationale: Genicin is a name brand formulation for glucosamine. According to the guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment. There are no recommendations for the use of glucosamine for lumbar disc protrusion or lumbar radiculopathy. Therefore, Genicin #90 is not medically necessary.

Somnicin #30: 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 Official Disability Guidelines (ODG), Pain, Insomnia Treatment

Decision rationale: For insomnia, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically.Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. The guidelines do suggest that melatonin agonists may be useful to treat problems with sleep initiation. Somnicin is a compounded formulation of melatonin, tryptophan, 5-hydroxytryptophan, vitamin B6, and magnesium. While the guidelines favor melatonin, there are no recommendations for use of tryptophan, 5-hydroxytryptophan, vitamin B6, or magnesium. Therefore, Somnicin #30 is not medically necessary per the referenced guidelines.

Terocin lotion 240ml: Upheld

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

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

Decision rationale: Terocin lotion contains Methyl Salicylate 25g In 100ml, Capsaicin 0.025g In 100ml, Menthol 10g In 100ml, and Lidocaine Hydrochloride 2.5g in 100mL, and the guidelines state that the only approved use of topical Lidocaine is in patch form. The use of topical anti-inflammatories, like Methyl Salicylate, should be limited to tendons and joints that are easy to access like the knees and elbows but not the back. The guidelines state that if a

compounded formulation contains one non-recommended ingredient then the whole compound is not recommended. Therefore, Terocin lotion 240ml is not medically necessary in this instance.

Capsaicin 0.25% cream: 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 Official Disability Guidelines (ODG), Pain, Capsaicin, topical (chili pepper/cayenne pepper)

Decision rationale: Capsaicin, which is derived from chili peppers, causes vasodilation, itching, and burning when applied to the skin. These actions are attributed to binding with nociceptors, which causes a period of enhanced sensitivity followed by a refractory period of reduced sensitivity. Local adverse reactions were common (one out of three patients) but seldom serious (burning, stinging, erythema). Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this instance, the injured worker has responded to oral anti-inflammatories, opioids, and one epidural steroid injection. Therefore, Capsaicin 0.25% cream is not medically necessary per the referenced guidelines.

Terocin Pain Patches #20: Upheld

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

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

Decision rationale: Terocin Pain Patches contain Lidocaine 4% and Menthol 4%. Topical Lidocaine is indicated for localized, peripheral nerve pain but only after failure of an anti-epilepsy drug like Lyrica or Gabapentin or an anti-depressant. In this instance, the injured worker does not have localized, peripheral nerve pain. Topical Lidocaine is no better than placebo for chronic musculoskeletal pain. Therefore, Terocin Pain Patches #20 are not medically necessary.

Menthoderm Gel #240: Upheld

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

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

Decision rationale: Menthoderm contains the anti-inflammatory Methyl Salicylate 15% and Menthol 10%. The guidelines state that topical anti-inflammatories may be used short-term (4-12 weeks) over easily accessible tendons and joints like the elbows and knees but specifically

exclude the shoulders and back. The Menthoderm appears to be intended for use over the low back and is therefore not medically necessary.

Xolindo 2% cream: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Xolido cream contains Lidocaine. According to the guidelines, Lidocaine is indicated in patch form only and only for localized neuropathic pain. In this instance, the injured worker does not have localized neuropathic pain. Xolido is a cream and not a patch. Therefore, Xolido 2% cream is not medically necessary.

Lumbar TFESI at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic

Decision rationale: According to the guidelines, the purpose of a therapeutic epidural steroid injection is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this instance, radiculopathy is not confirmed either by MRI scan or electrodiagnostic testing. Because of this, a lumbar epidural steroid injection at L5-S1 is not medically necessary.