

Case Number:	CM14-0011452		
Date Assigned:	02/21/2014	Date of Injury:	06/24/2003
Decision Date:	07/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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 64-year-old male, who has submitted a claim for cervical sprain, cervical disc protrusion, shoulder sprain/strain, cervical disc degeneration, knee sprain, chronic obstructive pulmonary disease (COPD), and hypertension associated with an industrial injury date of 06/24/2003. The medical records from 2013 were reviewed. The patient complained of pain at cervical area, right knee, and both shoulders. The pain was described as constant, moderate to severe intensity, with radiation to the right hand. The physical examination of the cervical spine showed tenderness and muscle spasm, with decreased range of motion. The Spurling's test was positive at the right. The Grip strength was weak on the right compared to the left. The treatment to date has included physical therapy, and medications such as Ultram, Protonix, Terocin cream, Motrin, and Soma. The utilization review from 01/23/2014, denied the requests for Motrin 800mg #60, because long-term use is not recommended; Protonix 20mg #60, because there was no gastric symptom noted, and Terocin cream 120ml #1, because of limited published studies concerning its efficacy and safety. The requests for Soma 350mg #60 and Ultram 150mg #60 was modified into quantity #40 and #30, respectively, for weaning purposes since there was no pain relief noted from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that non-steroidal anti-inflammatory drugs (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 was prescribed Motrin since August 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Motrin 800mg #60 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs, such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient presented with muscle spasm and was prescribed carisoprodol since August 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Furthermore, this medication is being requested together with opioids, which is not recommended by the guidelines, due to high potential of abuse. Therefore, the request for Soma 350mg #60 is not medically necessary.

Ultram 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available is immediate release tablet) Page(s): 113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that there are four (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 August 2013. However, the medical records do not clearly reflect

continued analgesia, continued functional benefit, or a lack of adverse side effects. The guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram 150mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (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 August 2013. However, there was no subjective report that the 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 for Protonix 20mg #60 is not medically necessary.

Terocin Cream 120ml #: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29 and 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Terocin contains methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines indicate that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. Regarding the Lidocaine component, the guidelines indicate that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, the guidelines do not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient has been on Terocin cream since August 2013. There was no report of intolerance to oral medications that may necessitate topical drugs. Moreover, guidelines state that any compounded product that contains at least one (1) drug that is not recommended is not recommended.

Lidocaine is not recommended for topical use. Therefore, the request for Terocin Cream 120ml #1 is not medically necessary.