

Case Number:	CM14-0011568		
Date Assigned:	02/21/2014	Date of Injury:	03/03/2011
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 45-year-old male who has submitted a claim for lumbar spine disc disorder and depressive disorder associated with an industrial injury date of 03/03/2011. Medical records from 07/29/2013 to 02/11/2014 were reviewed and showed that patient complained of persistent back pain, graded 8/10, radiating to the right leg. Patient claims that medications decrease pain from 8/10 to 4-5/10. Physical examination showed decreased range of motion of the lumbar spine. Kemp's sign and straight leg raise test were positive bilaterally. DTRs were normal. There was weakness and decreased sensation at the L4, L5, and S1 dermatomal distributions. Treatment to date has included medications and ESI. Utilization review, dated 01/27/2014, denied the request for Biotherm because guidelines do not support its use and there was no functional improvement derived from its use; denied the request for Anaprox because long term use is not recommended and there was no functional improvement derived from its use; and modified the request for Ultram to allow weaning from opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIO THERM #4 OUNCE: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate topical, Topical analgesics Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylates Topical.

Decision rationale: Bio-Therm topical cream contains the following active ingredients: Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%. Page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Their use are primarily recommended for neuropathic pain. According to ODG Pain Chapter, topical pain relievers that contain menthol, methyl salicylate, and capsaicin may in rare instances cause serious burns. Page 105 of the CA MTUS states that salicylate topicals are significantly better than placebo in chronic pain. Page 28-29 states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guideline also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been using Bio-Therm topical cream since at least August 2013. However, there were no documented functional gains from its use. Lastly, the compounded medication contains drug classes that are not recommended by the guidelines. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for BIO THERM #4 OUNCE is not medically necessary.

ULTRAM 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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 prescribed Ultram since at least September 2013. Patient complains of low back pain with radicular symptoms despite previous therapy with antidepressants. Patient claims to have significant patient relief from Ultram as stated on a progress report dated 02/11/2014. However, the medical records do not clearly reflect continued functional benefit, or a lack of adverse side effects. In addition, medical records have failed to show patient compliance with prescribed medications by way of urine drug screens. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for ULTRAM 50MG #60 is not medically necessary.

ANAPROX 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

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

Decision rationale: Anaprox is a brand name for naproxen, an NSAID. As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain, while it is recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. Studies in patients with axial low back pain show that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. In this case, the patient has been using Anaprox since at least September 2013. However, medical records submitted for review did not show trial and failure of acetaminophen to relieve pain. Furthermore, guidelines do not support long-term use of naproxen. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for ANAPROX 550MG #60 is not medically necessary.