

Case Number:	CM14-0019599		
Date Assigned:	04/23/2014	Date of Injury:	01/31/2010
Decision Date:	07/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiology Pain Medicine and is licensed to practice in Florida. 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 48 year old male who reported an injury on 01/31/2010. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 02/06/2014 reported the injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The physical exam noted the injured worker ambulates with walker forward bent. The physician recommended the injured worker to continue treatment with pain management. The physician requested Hydrocodone/Acetaminophen (Norco) 10/325mg - every 4 hours, Amitriptyline Hydrochloride 50mg, daily, bio-therm pain relieving lotion 120mg, 2 times per day, Cyclobenzaprine Hydrochloride (Flexeril) 10mg, naproxen sodium (Naprosyn) 550mg, 2 times per day, Tizanidine Hydrochloride (Zanaflex) 4mg, 2 times per day, Tramadol Hydrochloride (Ultram) 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ACETAMINOPHEN (NORCO) 10/325MG - EVERY 4 HOURS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for Hydrocodone/Acetaminophen (Norco) 10/325 mg-Every 4 hours is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note the use of a urine drug screen or inpatient treatment with issue of abuse, addiction or poor pain control. There is a lack of documentation indicating the efficacy of the medication, the injured worker complained of low back pain getting worse. In addition the provider did not provide an adequate pain assessment. There was also a lack of the use of a urine drug screen. The physician also failed to provide the quantity of pills to be dispensed. The request for Hydrocodone/Acetaminophen (Norco) 10/325 mg every 4 hours is not medically necessary.

AMITRIPTYLINE HYDROCHLORIDE 50MG, DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The request for Amitriptyline Hydrochloride 50 mg, daily is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS Guidelines recommend Amitriptyline as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines also note Amitriptyline recommend for pain when accompanied by insomnia, anxiety or depression. In addition the guidelines note there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. There is a lack of objective findings indicating the medical necessity or the efficacy of the requested medication. The physician also failed to provide the quantity of pills to be dispensed. The request for Amitriptyline Hydrochloride 50 mg, daily is not medically necessary.

BIO-THERM PAIN RELIEVING LOTION 120MG, 2 TIMES PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Bio-Therm pain relieving lotion 120 mg, 2 Times per day is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The ingredients for Bio-Therm include menthyl salicylate 20% menthol 10% capsaicin 0.002%. The CA MTUS guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. There was a lack of documentation that the injured worker failed conventional therapy which contraindicates MTUS guidelines. As such, the request for Bio-Therm pain relieving lotion 120 mg 2 times per day is not medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE (FLEXERIL) 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 24.

Decision rationale: The request for Cyclobenzaprine Hydrochloride (Flexeril) 10mg is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS guidelines do not recommend Cyclobenzaprine for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also note to limit the use to 4 weeks. There is a lack of objective findings indicating the medical necessity for the requested

medication. The physician also failed to provide the quantity of medication to be dispensed. The injured worker has been prescribed this medication prior to 2014 which exceeds the guideline recommendations of 4 weeks. Therefore, the request for Cyclobenzaprine Hydrochloride (Flexeril) 10 mg is not medically necessary.

NAPROXEN SODIUM (NAPROSYN) 550MG, 2 TIMES PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: The request for Naproxen sodium (Naprosyn) 550 mg, 2 times per day is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS guidelines note Naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. There is a lack of objective findings indicating the medical necessity of the Naproxen. In addition the physician rationale is unclear as to what the medication was needed for as the injured worker did not have signs and symptoms of osteoarthritis. The physician also failed to provide the quantity of medication to be dispensed. Therefore, the request for Naproxen sodium (Naprosyn) is not medically necessary.

TIZANIDINE HYDROCHLORIDE (ZANAFLEX) 4MG, 2 TIMES PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

Decision rationale: The request for Tizanidine Hydrochloride (Zanaflex) 4 mg, 2 times per day is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS Guidelines note muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back cases, they show no benefit beyond NSAIDs. The guidelines also note the efficacy appears to diminish over time. The guidelines do not recommend Tizanidine to be used for longer than 2-3 weeks. There is a lack of objective

findings indicating the medical necessity of the medication. In addition the injured worker had been prescribed Tizanidine Hydrochloride prior to 2014 which exceeds the guideline recommendations of 2-3 weeks. The physician also failed to provide the quantity of medication to be dispensed. Therefore, the request for Tizanidine Hydrochloride (Zanaflex) 4 mg, 2 times per day is not medically necessary.

TRAMADOL HYDROCHLORIDE (ULTRAM) 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for Tramadol Hydrochloride (Ultram) 50mg is non-certified. The injured worker complained of low back pain getting worse and radiated down into the legs and feet with numbness and tingling left worse than right. The injured worker also complained of difficulty sleeping at night due to pain. The injured worker stated he uses a front wheeled walker electrical scooter and cane for assistance with ambulation. The injured worker also reported difficulty with some activities of daily living including, laundry, bathing, making meals, house cleaning, taking out the trash and working on flat ground. The California MTUS Guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note the use of a urine drug screen or inpatient treatment with issue of abuse, addiction or poor pain control. There is a lack of the efficacy of the medication, the injured worker complained of low back pain getting worse. The physician failed to provide the quantity of medication to be dispensed. In addition there was a lack of documentation indicating the use of a urine drug screen. The provider did not provide an adequate pain assessment. Therefore, the request for Tramadol Hydrochloride (Ultram) is not medically necessary.