

Case Number:	CM14-0119394		
Date Assigned:	09/22/2014	Date of Injury:	09/20/2004
Decision Date:	11/18/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 Internal 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 an injured worker with the diagnoses of cervical myofascial pain, status post right shoulder surgeries, lumbar radiculopathy status post lumbar discectomy, and status post right knee arthroscopic surgery. Regarding the mechanism of injury, the patient fell off a machine. Date of injury was 09-20-2004. The progress report dated 6/3/2014 documented the patient's complaints of chronic neck, low back, and extremity complaints. Subjective complaints included ongoing numbness and tingling of the right-sided neck, right arm, low back, and right leg. The patient reported that the pain was rated 7/10. Current medications included Norco, Elavil, Prilosec, and Ketoprofen cream. Objective complaints included tenderness to palpation over the cervical and lumbar spine, greater on right. Diminished sensation was noted over the right L4, L5, and S1 dermatomes. Straight leg raise test was positive on the right side, with symptoms extending to the calf at 45 degrees. Right-sided motor exam results in the tibialis anterior, extensor hallucis longus, inversion, and eversion were graded 4/5. The patient was observed to have antalgic gait and walked with the aid of a cane. Utilization review determination date was 7/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 25mf #30 with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic's are generally considered a first-line agent. Medical records document the diagnoses of cervical myofascial pain, status post right shoulder surgeries, lumbar radiculopathy status post lumbar discectomy, and status post right knee arthroscopic surgery. MTUS guidelines recommend the use of Amitriptyline (Elavil) for chronic pain. Therefore, the request for Amitriptyline 25mg #30 with 2 Refills is medically necessary.

CM3 Ketoprofen 20% Cream with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 111-113 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records do not present blood pressure measurements or laboratory test results, which are recommended for NSAID use per MTUS. Medical records indicate long-term NSAID use, which is not recommended by MTUS. The medical records and MTUS guidelines do not

support the use of the topical NSAID Ketoprofen. Therefore, the request for CM3 Ketoprofen 20% Cream with 2 Refills is not medically necessary.

Hydrocodone/APAP 5/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 47-48 181-183 212-214 308-310 346-347, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Pain assessment should include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, shoulder, and knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. MTUS guidelines state that the lowest possible dose should be prescribed to improve pain and function. Recent urine drug screen was not documented. Analgesia and activities of daily living improvement with Norco were not documented. Norco 5/325 mg #90 with 2 refills, which is a total quantity of 270 tablets, was requested. MTUS guidelines recommend frequent evaluation of clinical history and frequent review of medications be recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS guidelines do not support the request for 270 tablets of Norco Hydrocodone/APAP 5/325 mg without regular clinical reevaluation. Therefore, the request for Hydrocodone/APAP 5/325mg #90 with 2 refills is not medically necessary.

Omeprazole 20mg #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Medical records do not document gastrointestinal conditions. The NSAID Ketoprofen was determined to be not medically necessary. There are no documented gastrointestinal risk factors. The medical records do not support the medical necessity of Omeprazole. Therefore, the request for Omeprazole 20mg #60 with 2 Refills is not medically necessary.