

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0120942 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 01/19/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/02/2014 |
| Priority: | Standard | Application Received: | 07/31/2014 |

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 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 53-year-old male who has submitted a claim for wrist contusion, hand contusion, cervicalgia and lumbar disc displacement without myelopathy associated with an industrial injury date of January 19, 2010. Medical records from 2011 to 2014 were reviewed. The patient complained of chronic cervical and lumbar spine pain. Most recent physical examination showed loss of range of motion. A more detailed physical examination was not provided. The last comprehensive physical examination was dated August 13, 2013. The diagnoses included cervical disc displacement, lumbar disc displacement, lumbar spondylolisthesis, wrist contusion, and hand contusion. Treatment to date has included Valium, Tylenol ES, tramadol, orphenadrine, omeprazole, Medrox patches, physical therapy, acupuncture, TENS, home exercises, cervical and lumbar ESIs, and lumbar brace. Utilization review from July 2, 2014 denied the request for Prilosec 20mg #60 because the records do not indicate presence of risk factors for gastrointestinal events. There was also no evidence of dyspepsia due to present medication regimen. The request for Norflex 100mg was denied because there was no documented efficacy or objective functional improvement from chronic use. The request for Terocin patch (capsaicin, menthol, lidocaine) #10 was also denied because there was no clear documentation of failure of anticonvulsants or other first line agents. Lastly, the request for Ultram 50mg #90 5RF was modified to Ultram 50mg #90 0=RF. There is lack of clear documentation of recent urine drug test, risk assessment profile, attempt at weaning/tapering, updated and signed pain contract, and ongoing efficacy with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors should be prescribed in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patients with intermediate or high risk factors should be prescribed proton pump inhibitor. In this case, there was no evidence of gastrointestinal issues based on the most recent progress reports. Moreover, there was no indication of increased risk for developing gastrointestinal events. The guideline recommends PPI use for those with intermediate or high risk factors. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prilosec 20 mg # 50 is not medically necessary.

Norflex 100 mg (Quantity Not Specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, orphenadrine (Norflex) intake was noted since August 2013 for muscle spasms. However, there was no evidence of overall pain improvement and functional benefit from its use. The guideline does not support long-term use of this medication. Moreover, muscle spasms and acute exacerbation of pain were not evident in the most recent progress reports. Likewise, there was no documentation of failure of first-line medications to manage pain. There was no clear indication for the request. The medical necessity for continued use has not been established. In addition, the request did not specify quantity of medication to dispense. Therefore, the request for Norflex 100 mg (Quantity Not Specified) is not medically necessary.

Terocin Patches (Capsaicin, Menthol, Lidocaine) #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) ical Analgesics, Lidocaine page 111-112 Page(s): 56-57; 111-112.

Decision rationale: Online search showed Terocin Patch active ingredients include lidocaine 600mg and menthol 600mg, while Terocin lotion contain methyl salicylate 25g in 100mL, capsaicin 0.025g in 100mL, menthol 10g in 100mL and lidocaine 2.5g in 100mL. According to CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the requested medication is Terocin patch however the components indicated are those of Terocin lotion. The medical necessity cannot be established due to conflicting information. Moreover, there was no evidence of neuropathy or trial of first-line medications for neuropathic pain based on the most recent progress reports provided. The guideline recommends lidocaine only in the form of dermal patch for neuropathic pain after trial of antidepressants or AED. The guideline criteria were not met. Therefore, the request for Terocin Patches (Capsaicin, Menthol, Lidocaine) #10 is not medically necessary.

Ultram 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram; Ultram ER; generic available in immediate release tablet) Tramadol (Ultra.

Decision rationale: Page 93-94 and 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. There are 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. In this case, most recent progress reports did not discuss severity of symptoms. There was also no evidence of failure of first-line oral analgesics to manage pain. The guideline recommends tramadol as an option for management of moderate to severe pain. Furthermore, tramadol intake was noted as far back as August 2013. However, the patient's response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. Likewise, no urine drug screens were performed to monitor for aberrant drug-taking behavior. The guideline requires clear and concise documentation of functional and pain improvement as well as appropriate medication use for ongoing management. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Ultram 50 mg #90 is not medically necessary.