

Case Number:	CM14-0135700		
Date Assigned:	09/08/2014	Date of Injury:	05/11/2011
Decision Date:	12/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 55 years old male with an injury date of 05/11/11. Based on the 06/30/14 progress report provided by treating physician, the patient complains of low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. Physical examination to the lumbar spine revealed myospasm and tenderness to palpation to the paravertebral muscles. Range of motion was guarded and restricted on flexion and extension. Examination of the ankle/foot revealed pain was greater on left. Tenderness over the anterior portion of the ankle and pain on inversion and eversion. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansentron, Cyclobenzaprine, Tramadol and Methoderm gel. Diclofenac Sodium is recommended to patient for inflammation and pain. Omeprazole is prescribed for GI symptoms. The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain. Ondansentron is "prescribed for nausea associated with the headaches that are present with chronic cervical spine pain. This patient has well documented significant abnormalities in the cervical spine which has resulted in ongoing pain associated with headaches that are migrainous in nature." Cyclobenzaprine is prescribed for palpable muscle spasms. The patient will also benefit from the off label capacity as a sleep aide as the chronic pain experienced does cause sleep disruption. Tramadol is prescribed for acute severe pain. The patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement and function. Methoderm Gel is prescribed for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Per Request for

Authorization form dated 07/21/14, Mentherm gel is prescribed for the diagnosis of shoulder pain, carpal tunnel syndrome, plantar fasciitis and lumbago. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient is not working. Diagnosis on 01/27/14- left shoulder impingement syndrome- bilateral carpal tunnel syndrome- lumbar discopathy- rule out internal derangement bilateral hips- internal derangement right knee with MRI evidence of partial tear- internal derangement left knee with MRI evidence of partial tear of the anterior cruciate ligament and possible medial meniscus tear- internal derangement right ankle- internal derangement left ankle with MRI evidence suspicious of fracture of medial malleolus and probable tear of medial collateral ligament complex- bilateral plantar fasciitis- electrodiagnostic evidence of right tibial nerve and acute right S1 radiculopathy. Diagnosis on 06/30/14- joint derangement NOS - ankle- plantar fasciitis- lumbago. The utilization review determination being challenged is dated 07/29/14. Treatment reports were provided from 01/27/14 - 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; Medication for chronic pain Page(s): 22,60.

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for DICLOFENAC SODIUM ER 100MG #120. Patient's diagnosis dated 01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Mentherm gel. Patient is not working. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per treater reports dated 05/02/14 and 07/16/14, Diclofenac Sodium is recommended to patient for inflammation and pain. Treater states that patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Patient finds relief from pain by using requested NSAID included in his list of medications. The request is medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for OMEPRAZOLE 8MG ODT #30. Patient's diagnosis dated 01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Mentherm gel. Patient is not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per treater reports dated 05/02/14 and 07/16/14, Omeprazole is prescribed for GI symptoms. The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain. However, there is no GI assessment to warrant prophylactic use of a PPI. History of "epigastric pain and stomach upset" is an inadequate documentation to warrant use of PPI. The request is not medically necessary.

Ondansetron 8mg ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Ondansetron (Zofran)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Antiemetics

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for ONDANSETRON 8MG ODT #30. Patient's diagnosis dated 01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Mentherm gel. Patient is not working. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use." Per treater reports dated 05/02/14 and 07/16/14, Ondansetron is "prescribed for nausea associated with the headaches that are present with

chronic cervical spine pain. This patient has well documented significant abnormalities in the cervical spine which has resulted in ongoing pain associated with headaches that are migrainous in nature." However, guidelines do not support this medication for nausea secondary to chronic opioid use. The request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for CYCLOBENZAPRINE HYDROCHLORIDE 7.5 #120. Patient's diagnosis dated 01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol and Menthoderm gel. Patient is not working. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per treater reports dated 05/02/14 and 07/16/14, Cyclobenzaprine is "prescribed for palpable muscle spasms. The patient will also benefit from the off label capacity as a sleep aide as the chronic pain experienced does cause sleep disruption." Cyclobenzaprine has been prescribed 05/02/14, which is almost 3 months from the UR date of 07/29/14. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Furthermore, the request for quantity 120 does not suggest intended short-term use. The request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 78, 88, and 89.

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for TRAMADOL ER 150MG #90. Patient's diagnosis dated

01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansentron, Cyclobenzaprine, Tramadol and Mentherm gel. Patient is not working.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.Per treater reports dated 05/02/14 and 07/16/14, Tramadol is "prescribed for acute severe pain. The patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition. The use of opioids in the past has decreased similar acute flare-ups with the patient demonstrating improvement and function." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, The request is not medically necessary.

Mentherm Gel 120g #1: 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; Salicylate topical section Page(s): 105 and 111-113.

Decision rationale: The patient presents with low back pain rated 9/10 and bilateral ankle/foot pain rated 7/10. The request is for MENTHODERM GEL 120G #1. Patient's diagnosis dated 01/27/14 included left shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar discopathy, internal derangement of the bilateral knees and bilateral plantar fasciitis. Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per treater report dated 01/27/14, patient awaits authorization for recommended lumbar spine surgery, however no mention of surgery in latest progress report dated 06/30/14. Patient's medications include Diclofenac Sodium, Omeprazole, Ondansentron, Cyclobenzaprine, Tramadol and Mentherm gel. Patient is not working.Regarding topical analgesics, MTUS, page 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed.Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition.Per treater reports dated 05/02/14 and 07/16/14, Mentherm

Gel is "prescribed for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness." Per treater reports dated 05/02/14 and 07/16/14, patient's medications are necessary for the symptomatic relief of persistent pain from the industrial injury sustained. Per Request for Authorization form dated 07/21/14, Methoderm gel is prescribed for the diagnosis of shoulder pain, carpal tunnel syndrome and lumbago. Topical NSAIDs are not indicated for spinal, shoulder conditions. It is indicated for peripheral joint arthritis/tendinitis which this patient does not present with. The request is not medically necessary.