MAXIMUS Federal Services

Case Number:	CM14-0154156		
Date Assigned:	09/23/2014	Date of Injury:	06/30/2013
Decision Date:	11/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 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:

This is a 36 year-old female who has reported the gradual onset of left shoulder, lower back, and neck pain, attributed to usual work activities, with a listed injury date of 6/30/2013. Diagnoses have included sacroiliac sprain, and other sprain/strains. Utilization Review reports show simultaneous treatment by two physicians, each of which dispenses tramadol, an NSAID, and a proton pump inhibitor. Per the PR2 of 3/18/14, there was ongoing multifocal pain, with sleepiness caused by taking naproxen and Ultracet. NSAID-induced gastritis was resolved with Protonix. Naproxen was changed to Voltaren. Tramadol and Protonix were continued. Tramcap C and Diflur were started [no ingredients listed or discussed]. Work status and function were not discussed. On 6/5/14 the injured worker had ongoing multifocal pain, was "unable to work", and needed medications for pain. Blood pressure was 133/95. The topical agents were reported to be effective and reduce the need for pain medication, although all the same pain medications were then dispensed. Specific functions were not discussed. The blood pressure was not addressed.On 8/28/14 Utilization Review non-certified or partially certified the medications now under Independent Medical Review. Note was made that tramadol is not a first line opioid analgesic. Diclofenac was not indicated due to hypertension. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid managementOpioids, steps to avoid misuse/addictionindications, Chronic back painMec.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The medical records show two different physician dispensing opioids, which is not recommended in the MTUS. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as unable to work, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day, and does not meet a criterion in the MTUS (return to work). Further prescriptions for opioids, including tramadol, are not medically necessary based on lack of functional benefit from opioids to date, lack of a treatment plan for chronic opioid therapy consistent with the MTUS, and multiple prescribers of opioids.

Diclofenac 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs for Back Pain - Acute exacerbations of chronic pain Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, medications for chronic pain and NSAIDs

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The recent elevated blood pressure occurred after starting Voltaren, and the treating physician did not respond adequately (the elevated blood pressure was not discussed and diclofenac was continued). Two different physicians are dispensing NSAIDs, which is duplicative and has a risk of toxicity. The injured worker remains off of work, indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. None of the kinds of functional improvement discussed in the MTUS are evident. The MTUS

does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing large quantities of NSAIDs chronically, which is counter to the recommendations of the MTUS for treatment of back pain. The treating physician is prescribing both oral and topical NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Diclofenac is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, possible toxicity, and prescription not in accordance with the MTUS and the FDA warnings.

Prilosec 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The treating physician is dispensing excessive quantities of NSAIDs (topical and oral) to this patient. Administration of a PPI is not the antidote for this practice. Another physician is also dispensing a proton pump inhibitors to this patient, which compounds the possible toxicity. If one were to presume that a medication were to be the cause of the very briefly described gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications.The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Tramcap C Lotion 120g dispensed 06/05/2014, #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Cyclobenzaprine, muscle relaxants, topical analgesics, and topical analgesics compounded

Decision rationale: The treating physician has not defined the ingredients in this compounded agent. Given the lack of any information about this novel product, medical necessity has not been established by the treating physician and cannot be determined according the relevant MTUS citation for topical analgesics (see above). Tramcap C is not medically necessary due to the lack of an ingredient list, and lack of sufficient information to determine compliance with the MTUS recommendations.

Diflur lotion 120g dispensed 06/05/2014, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: The treating physician has not defined the ingredients in this compounded agent. Given the lack of any information about this novel product, medical necessity has not been established by the treating physician and cannot be determined according the relevant MTUS citation for topical analgesics (see above). It is presumed that this compound contains flurbiprofen, but given the lack of an ingredient list, this is not definite. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Diflur lotion is not medically necessary due to the lack of an ingredient list, and lack of sufficient information to determine compliance with the MTUS recommendations.