

Case Number:	CM14-0161993		
Date Assigned:	10/24/2014	Date of Injury:	07/08/2002
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/02/2014

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 43-year-old female with a date of injury of 07/08/2002. The listed diagnoses per [REDACTED] are: Cervical radiculopathy, Lumbar radiculopathy and Cervical discogenic disease. The medical file provided for review includes one progress report. According to progress report on 07/22/2014 by [REDACTED], the patient presents with neck and low back pain. The patient has had a previous lumbar epidural steroid injection (LESI) which provided 50% to 60% pain reduction. Examination of the neck revealed limited range of motion and pain that radiates into the upper extremity, across the C6 to C7 distribution. The patient has pain with extension and rotation of the lumbar spine. Straight leg raise is positive in the left lower extremity. Patient continues with L5 to S1 radicular pain, S1 greater than L5. This is a retrospective request for medications. Utilization review denied the request on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of New Terocin Lotion (DOS 8/5/14): 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 Page(s): 111-113.

Decision rationale: This patient presents with neck and low back pain. This is a retrospective request of Terocin lotion which was dispensed on 08/05/2014. The medical file provided for review includes one progress report from 07/22/2014 and does not discuss Terocin lotion. Terocin lotion includes Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 under Lidocaine states "Indications are of neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. Topical Lidocaine in the formulation of a dermal patch that has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing this lotion for patient's low back and neck pain, which is not supported by the guidelines. Therefore, the request is not medically necessary.

Retrospective usage of Carisoprodol 350mg (DOS 9/10/14): Upheld

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

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

Decision rationale: This patient presents with neck and low back pain. This is a retrospective request for Carisoprodol 350mg which was dispensed on 09/10/2014. The medical file provided for review does not discuss this medication and only includes one progress report from 7/22/14. For muscle relaxants, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second option for short-term treatment of acute exasperations of patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most LBP cases, they showed no benefit on NSAIDs pain and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence." In this case, it is unclear whether this was an initial distribution of this medication on 09/10/2014 or if the patient has been taking this medication on long-term basis. The requesting physician provides no discussion thereof. This medication is not intended for long-term use. The treater has not indicated the duration of use and has not provided the medical necessity. Therefore, the request is not medically necessary.

Retrospective usage of Omeprazole 20mg (DOS 9/12/14): 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with neck and low back pain. This is a retrospective request for Omeprazole 20mg which was dispensed on 09/12/2014. The patient is not on

NSAIDs, and there are no gastrointestinal issues indicated. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treater is requesting Ibuprofen concurrently with Omeprazole but it is unclear how long the patient has been taking NSAID. In addition, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Therefore, the request is not medically necessary.

Retrospective usage of Hydrocodone/Acetaminophen (DOS 9/12/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with neck and low back pain. This is a retrospective request for Hydrocodone/Acetaminophen which was dispensed on 09/12/2014. The medical file provided for review includes one progress report from 7/22/14. It is unclear whether the treater was initiating this medication or if the request is for a refill. The MTUS guidelines pages 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. For continued opiate use, the MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). In this case, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid, and for opiate management the 4A's were not addressed. Therefore, the request is not medically necessary.

Retrospective usage of Ibuprofen 800mg (DOS 9/10/14): Upheld

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 Anti-inflammatory medications and Medications for chronic pain Page(s): 22 and 60-61.

Decision rationale: This patient presents with neck and low back pain. This is a retrospective request for Ibuprofen 800mg which was dispensed on 09/10/2014. Utilization review denied the request stating that there is "no evidence of objective functional benefit as a result of this medication." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also supports oral

NSAID for chronic low back pain. The treater provides no discussion regarding this medication. In this case, recommendation cannot be made as the treater does not discuss the recommended duration of use and there is no discussion of its medical necessity. Therefore, the request is not medically necessary.

Prospective usage of New Terocin Lotion: 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 Page(s): 111-113.

Decision rationale: This patient presents with neck and low back pain. This is a prospective request of Terocin lotion. The medical file provided for review includes one progress report from 07/22/2014 and does not discuss Terocin lotion. Terocin lotion includes Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 under Lidocaine states "Indications are of neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. Topical Lidocaine in the formulation of a dermal patch that has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The treater appears to be prescribing this lotion for patient's low back and neck pain, which is not supported by the guidelines. Therefore, the request is not medically necessary.

Prospective usage of Carisoprodol 350mg: Upheld

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

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

Decision rationale: This patient presents with neck and low back pain. This is a prospective request for Carisoprodol 350mg. The medical file provided for review does not discuss this medication and only includes one progress report from 7/22/14. For muscle relaxants, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most LBP cases, they showed no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish overtime, and prolonged use of some medications in this class may lead to dependence." This medication is not intended for long-term use, and given the treater has not indicated the duration of use and has not provided the medical necessity, the request is not medically necessary.

Prospective usage of Omeprazole 20mg: 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 & cardiovascular risk Page(s): 68 and 69.

Decision rationale: This patient presents with neck and low back pain. This is a request for Omeprazole 20mg. The patient is not on NSAIDs, and there are no gastrointestinal issues. The MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treater is requesting Ibuprofen concurrently with Omeprazole but it is unclear how long the patient has been taking NSAID. In addition, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Therefore, the request is not medically necessary.

Prospective usage of Hydrocodone/Acetaminophen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 88-89.

Decision rationale: This patient presents with neck and low back pain. This is a request for hydrocodone/acetaminophen. The medical file provided for review includes one progress report from 7/22/14. It is unclear whether the treater was initiating this medication or if the request is for a refill. According to the MTUS guidelines, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. For continued opiate use, the MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). In this case, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid, and for opiate management the 4A's were not addressed. Therefore, the request is not medically necessary.

Prospective usage of Ibuprofen 800mg: Upheld

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 Anti-inflammatory medications and Medications for chronic pain Page(s): 22 and 60-61.

Decision rationale: This patient presents with neck and low back pain. This is a request for ibuprofen 800 mg. Utilization review denied the request stating that there is "no evidence of objective functional benefit as a result of this medication." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also supports oral NSAID for chronic low back pain. The treater provides no discussion regarding this medication. In this case, recommendation cannot be made as the treater does not discuss the recommended duration of use and there is no discussion of its medical necessity. Therefore, the request is not medically necessary.