MAXIMUS Federal Services

Case Number:	CM14-0173663		
Date Assigned:	10/31/2014	Date of Injury:	04/29/2010
Decision Date:	12/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 a 34-year-old male who has submitted a claim for myofascial pain syndrome, failed back syndrome, lumbalgia, and insomnia associated with an industrial injury date of 4/29/2010. Medical records from 2014 were reviewed. The patient complained of mid-back pain radiating to the right flank described as sharp, dull, and aching. Patient reported no symptom relief from use of Zostrix and Mobic. Patient reported that he tried to take Ultram which provided relief of pain compared to Norco. Physical examination showed normal alignment, painful range of motion of the lumbar spine, tenderness, and trigger points. Treatment to date has included lumbar surgery, physical therapy, bracing, and medications such as Lidocaine Ointment, Ibuprofen, Tizanidine, Depakote, Omeprazole, Norco, Elavil, Motrin, and Methadone (since April 2014). The utilization review from 9/16/2014 denied the request for tizanidine 4mg, #120 because long term use was not recommended; denied methadone 10mg, #90 because of no documentation concerning subjective or objective benefit from medication use; denied Depakote 500mg, #90 because there was no documentation of epilepsy or bipolar mania to warrant use of this medication; denied Omeprazole 40mg, #30 because of absence of gastrointestinal risk factors; denied Lidocaine Ointment 5%, #1 because of limited published studies concerning its efficacy and safety; denied Ibuprofen 800mg, #390 because of no documentation concerning objective benefit from its use; and denied Ultram 50mg, #180 because of no documentation of subjective or objective benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination likewise failed to show evidence of muscle spasm. Therefore, the request for tizanidine 4mg #120 is not medically necessary.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The California MTUS on pages 61-62 also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, patient has been on methadone since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, it is not clear why patient was placed on methadone since it is only recommended as a second line drug as stated above. The patient is only on Norco and there is no documentation concerning failure of other stronger opioids such as oxycodone or fentanyl. The medical necessity for this medication has not been established. Therefore, the request for methadone 10mg #90 is not medically necessary.

Depakote 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Depakote)

Decision rationale: CA MTUS does not specifically address this issue. US Food and Drug Administration states that Depakote (divalproex sodium) is a valproate and is indicated for the treatment of the manic episodes associated with bipolar disorder, complex partial seizures, and migraine headache prophylaxis. In this case, there is no documentation of bipolar disorder, seizures, or migraine headaches necessitating prophylaxis in this patient. There is no clear indication for this medication. Therefore, the request for Depakote 500mg #90 is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since April 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #180 is not medically necessary.

Omeprazole 40mg #30: 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 and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since April 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 40mg #30 is not medically necessary.

Lidocaine ointment 5% #1: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Lidocaine ointment 5% #1 is not medically necessary.

Ibuprofen 800mg #390: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on ibuprofen since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Ibuprofen 800mg #390 is not medically necessary.

Ultram 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled

drugs. In this case, patient has been on Norco since April 2014 without symptom relief. Patient took Ultram without his doctor prescription and reported pain improvement, hence this request for tramadol. However, this incident can be viewed as an aberrant drug behavior. Moreover, there is no discussion of tapering off patient from Norco prior to initiating adjuvant therapy with tramadol. There is no compelling rationale for prescribing tramadol at this time. Therefore, the request for Ultram 50mg #180 is not medically necessary.