

Case Number:	CM14-0174358		
Date Assigned:	10/27/2014	Date of Injury:	07/14/2003
Decision Date:	12/15/2014	UR Denial Date:	10/06/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 41 year-old female with a date of injury of July 14, 2003. The patient's industrially related diagnoses include lumbar radiculopathy. The disputed issues are for Omeprazole Dr 20mg #30 with 2 refills, Medrox Pain Ointment with 2 refills, Tramadol HCl 50mg #60 with 2 refills, Hydrocodone (Norco)-APAP 10/325mg #60, Cyclobenzaprine HCl 10mg #60 with 2 refills, Zolpidem Tartrate 10mg #30, and Lidoderm 5% patch #30. A utilization review determination on 10/6/2014 had non-certified these requests. The stated rationale for the denial of Omeprazole was: "The medical records do not describe the claimant having gastrointestinal rises or GERD and the claimant is not at risk for GI bleed or ulcer." The stated rationale for the denial of Medrox was: "California MTUS regarding capsaicin notes it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. These conditions have not even documented for this claimant." Tramadol and Norco were denied because there was no description of pain relief and no indication of functional benefit or return to work. The stated rationale for the denial of Cyclobenzaprine was: "There is no functional benefit noted with use of muscle relaxants." The stated rationale for the denial of Zolpidem was: "Considering the date of injury, use would not fall within the recommended 2-6 week duration of use." Lastly, the stated rationale for the denial of Lidoderm was: "The documentation does not identify failure of first-line oral adjuvant agents and there is no documented efficacy with the use of Lidoderm patch."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 refills 2: 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 NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the submitted medical records available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. There was documentation that the injured worker was prescribed Naproxen 550mg but no GI sided effects were reported with its use. Based on the guidelines, there is no indication for a PPI for the injured worker's industrial injury. Therefore, the currently requested Omeprazole 20mg #30 with 2 refills is not medically necessary.

Medrox Pain Ointment refills 2: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox is a compounded topical medication consisting of methyl salicylate, menthol, and capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines on page 111 state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding capsaicin, the guidelines state, "Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Given the guidelines, the capsaicin component of Medrox at a 0.0375% concentration is felt to be experimental and not indicated for this injured worker's diagnoses. Chronic Pain Medical Treatment Guidelines clearly state that there is no evidence to indicate that this increased dosage would provide any further efficacy. Based on the guidelines, the currently requested Medrox pain ointment with 2 refills is not medically necessary.

Tramadol HCl 50mg #60 refills 2: 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 Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Tramadol HCL 50mg (Ultram) is a synthetic opioid affecting the central nervous system. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the submitted documentation available for review, there was no specific documentation to support that Tramadol provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and no specific examples of functional improvement were documented. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the absence of such documentation Tramadol 50mg #60 with 2 refills is not medically necessary.

Hydrocodone (Norco)-APAP 50./325mg #60: 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 Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Norco 10/325mg (hydrocodone/acetaminophen) is an opioid which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, there was no specific documentation to support that Norco provided pain relief in terms of percent pain reduction or reduction in numeric rating scale and no specific examples of functional

improvement were documented. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker was only getting opioids from one practitioner. In the absence of such documentation, the currently requested Norco 10/325mg #60 is not medically necessary.

Cyclobenzaprine HCl 10mg #60 refills 2: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the request for Cyclobenzaprine 10mg (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. In the submitted documentation available for review, there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 10mg #60 with 2 refills is not medically necessary.

Zolpidem Tartrate 10mg #30: Upheld

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

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

Decision rationale: In regard to the request for Zolpidem (Ambien), the California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Zolpidem. Therefore the Official Disability Guidelines recommend the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. In the submitted documentation available for review, there were no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Zolpidem treatment. Finally, there is no indication that Zolpidem is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Zolpidem 10mg #30 is not medically necessary.

Lidoderm 50% patch (700mg/patch) #30 refills 3: 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): 112.

Decision rationale: In regard to the request for topical Lidoderm 5%, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. In the submitted documentation available for review, the injured worker was diagnosed with lumbar radiculopathy, but there was no indication that the injured worker had failed first-line therapy recommendations. Additionally, there was no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. In the absence of such documentation, the currently requested Lidoderm 5% patch #30 with 3 refills is not medically necessary.