

Case Number:	CM14-0183195		
Date Assigned:	11/10/2014	Date of Injury:	12/04/2003
Decision Date:	12/26/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family 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:

Injured worker was a 54-year old male whom experienced an industrial injury 10/04/03. His complaints were from cumulative injury to the back due to repetitive job related duties. Diagnosis was 847.2, lumbar sprain. He was treated with medications consisting of Fenopropfen 400 mg, Tramadol 100 mg, Omeprazole 20 mg, Mentherm gel, and two TENS unit patches. Lumbar magnetic resonance imaging (MRI) was performed 06/04/14 (detailed lumbar MRI report available for review on pages 26-27). The MRI showed degenerative disc changes and nerve impingements on L4 and L5 nerve roots. His low back consisted of pain level of 2-5 on 1-10 scale with using Fenopropfen, Omeprazole, Mentherm gel, home exercise program, and TENS unit. Attending physician's reports noted MTUS did not support long-term use of non-steroidal anti-inflammatory medications. The attended physician noted all medications prescribed were experimental in usage, were not medically necessary, and the injured worker had failed and could not tolerate oral medications. On follow-up office visit 08/14/14, the injured worker complained of low back pain at a rate of 2 on 1-10 scale which decreased with medications. He noted the treatment plan of Tramadol, Flexeril, Omeprazole, Lidopro cream, home exercise program, heat treatment he received in the attending physician's office, and the TENS unit helped decrease his low back pain. The attending physician's objective findings consisted of 1-2 on 1-10 scale tenderness to the right sacroiliac joint, 2+ spasm and tenderness to the right mid back. The injured worker has been on total temporary disability effective 12/04/03. He complained of left shoulder pain and was awaiting approval of surgery, but this body part was not reported on the initial injury report to his employer; therefore, the only body part treatment requests are for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #60 (2mo supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-steroidal Anti-inflammatory's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Fenoprofen; per ODG website

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use

Tramadol 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Tramadol; per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. 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 opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were

from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.

Omeprazole 20mg #60 (2mo supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Omeprazole; per ODG website

Decision rationale: The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 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 usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event and the request is not reasonable.

Menthoderm Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Menthoderm Gel (salicylate topical); per ODG website

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy.

TENS (transcutaneous electrical nerve stimulation) patches x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 113-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic); TENS (transcutaneous electrical nerve stimulation); per ODG website

Decision rationale: Criteria for the use of TENS includes chronic intractable pain of at least three months duration when there has evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request is not reasonable as there is no indication that TENS is to be used as an adjunct to other modalities or that medication has failed.