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| Case Number: | CM14-0020921 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 04/20/2011 |
| Decision Date: | 08/11/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 33 year old patient had a date of injury on 4/20/2011. The mechanism of injury was she slipped and fell, landing on back while working in a wiring room, injuring his cervical spine, thoracic spine and lumbar spine, neck and back. On a progress note dated 1/29/2014, the patient complains of frequent cervical spine pain rated 7/10 that radiates into the arms. The patient complains of intermittent thoracic spine pain rated 5/10, and lumbar spine pain rated 7/10 radiating to the legs. Objective findings are tenderness on palpation of cervical spine, decreased range of motion of cervical spine, EMG/NCV showing radiculopathy. Diagnostic impression: cervical discopathy and radiculopathy, lumbar discopathy and radiculopathy, thoracic strain and sprain. Treatment to date: medication therapy, behavioral modification. A UR decision on 2/6/2014 denied the request for Flurbiprofen/Tramadol, and Gabapentin/Dextomethorphan/amitriptyline, stating topical analgesics are largely experimental in use with few randomized controlled trials and topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the reports provided do not indicate failed trials of first-line recommendations (oral antidepressants/anticonvulsants). There is no documentation that claimant has intolerance to oral pain medication to support the need for topical analgesics. Further, cited guidelines do not support NSAIDs for topical application as there is little to no evidence proving safety and efficiency. Cyclobenzaprine 7.5mg #60 was denied, stating that muscle relaxants are recommended for short term usage only, only 2-3 weeks. Gabapentin 600mg #60 was denied, stating there were insufficient findings to suspect neuropathy that would support use of anticonvulsants, and there was no evidence of nerve root dysfunction. Omeprazole 20mg #60 was denied, stating there are no documentation of gastrointestinal complaints or findings noted and no indication claimant is using oral NSAID to prevent gastritis. Tramadol ER 150mg

#60 was denied, stating there was no pain level noted to present severity of pain that would require use of opioid, and that on 10/2/2013, the claimant received partial certification for opioid medication in form of generic Norco 10/325. However the current documentation lacks details regarding the current urine drug screen, risk assessment profile, attempt at weaning/tapering, and pain contract.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN/TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg Page(s): 111.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are 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. In the reports viewed, there was no discussion of the patient failing oral pain regimens to support the need for topical analgesics. Furthermore, guidelines do not support NSAIDs such as flurbiprofen, for topical application. Therefore, the request for flurbiprofen/tramadol is not medically necessary.

GABAPENTIN/DEXTROMETHORPHAN/AMITRIPTYLINE: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are 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. On a progress note dated 1/29/2014, the patient is documented to have lumbar spine pain rated 7/10 radiating to the legs. Furthermore, in the reports viewed, there was no indication of failed first-line recommendations such as oral Gabapentin. Therefore, the request for gabapentin/dextromethorphan/amitriptyline is not medically necessary.

CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Furthermore, in the reports viewed, there was no documentation of an acute exacerbation that would necessitate the further use of cyclobenzaprine. Therefore, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

GABAPENTIN 600MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient is not documented to have failed a regimen of Gabapentin in the past. Furthermore, on a progress note dated 1/29/2014, the patient complains of intermittent lumbar spine pain rated 7/10 radiating to the legs. Therefore, the request for Gabapentin 600mg #60 is medically necessary.

OMEPRAZOLE 20MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT WORKERS COMPENSATION PAIN PROCEDURE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In a progress report dated 9/25/2013, the patient is noted to be on flurbiprofen, an NSAID. NSAIDs are known to cause gastrointestinal events such as GI bleeding and stomach upset. Therefore, the request for omeprazole 20mg #60 is medically necessary.

TRAMADOL ER 150MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81; 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. In a progress report dated 9/25/2013, it was noted that the patient was on Norco 10/325. However, there was no discussion provided regarding the functionality of Norco that would necessitate the use of an alternative opioid such as tramadol. Furthermore, there was no details provided regarding CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Tramadol ER 150 #60 is not medically necessary.