

Case Number:	CM14-0034492		
Date Assigned:	06/20/2014	Date of Injury:	02/16/2007
Decision Date:	07/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine & Rehabilitation 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 54-year-old male with a reported date of injury on 02/16/2007. The mechanism of injury was not provided within the medical records. His previous treatments were noted to include physical therapy, chiropractic therapy, medications, and surgery. His diagnoses were noted to include cervical discopathy with radiculitis, L4-5 segmental instability, L5-S1 herniated nucleus pulposus with radiculitis; right radial head subluxation; status post anterior cervical discectomy; and total disc replacement; lateral epicondylitis to the right elbow; and status post right lateral epicondylar release. The progress note dated 12/19/2013 reported complaints of occipital headaches, constant discomfort in the cervical spine which became worse causing a handicap, with repetitive motions of the neck and prolonged posturing of the neck as well as very heavy lifting with the upper extremities. The injured worker also complains of constant discomfort over the lateral aspect of this right elbow, at the epicondyle, which became worse causing a handicap with heavy gripping and torqueing with the right hand as well as numbness in the right index and long fingers. The injured worker also complained of constant discomfort in the low back which would get worse with heavy lifting and repetitive bending. The injured worker's wife related she felt he could not dress himself and would hold the TENS unit pads in place while it was activated. The physical examination of the cervical spine revealed restricted range of motion with spasms and tenderness over the cervical spine with cervical paravertebral muscle spasms. The motor strength testing to upper extremities was strong and equal except to triceps, finger, and wrist extensor on the right was rated 4/5. The physical examination of the right elbow showed full range of motion and no tenderness. The sensation over the superficial radial nerve was rated 4/5 over the right lateral forearm and motor strength to the right elbow extensors was rated 4/5. The physical examination to the lumbar spine showed restricted range of motion and tenderness over the lumbar spinous processes, interspinous

ligaments, and right sciatic notch. There was a bilateral positive straight leg raise noted and peroneal motor strength was 4/5 on the right and 5/5 on the left. The Request for Authorization form dated 11/11/2013 was for naproxen sodium tablets 550 mg #120, for inflammation and pain; cyclobenzaprine 7.5 mg #120 for muscle spasms; omeprazole capsules 20 mg #120 for gastrointestinal symptoms; Tramadol ER 150 mg #90 for acute severe pain; and Terocin patch quantity 30 for treatment of mild to moderate acute or chronic aches or pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg # 120: 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): 67.

Decision rationale: The request for naproxen sodium tablets 550 mg #120 is not medically necessary. The injured worker has been taking this medication since at least 06/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose possible for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particular for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over the other based on efficacy. There is no evidence of long-term effectiveness for pain or function with NSAIDs. The guidelines state NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain; however, there is conflicting evidence that NSAIDs are more effective than acetaminophen for low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs, as acetaminophen, narcotic analgesics, and muscle relaxants. The guidelines state there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (anterior other nociceptive pain), and with neuropathic pain. The guidelines recommend this medication is to be used for short-term relief; however, the injured worker has been on this medication for over 6 months. There is not a recent, adequate, and complete assessment submitted within the medical records to warrant Naproxen Sodium. Additionally, the request failed to provide the frequency at which this medication is to be utilized.

Cyclobenzaprine hydrochloride tablets 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for cyclobenzaprine hydrochloride tablets 7.5 mg #120 is not medically necessary. The injured worker has been taking this medication since 11/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been taking this medication for over 5 months and the guidelines state efficacy appears to diminish over time. There is not a recent, adequate complete assessment submitted within the medical records regarding efficacy. Therefore, due to the length of time in utilizing this medication and a lack of documentation regarding efficacy, cyclobenzaprine is not warranted at this time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

Omeprazole delayed-release capsules 20mg #120: 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: The request for omeprazole delayed release capsules 20 mg #120 is not medically necessary. The injured worker has been taking this medication since 11/2013. The California Chronic Pain Medical Treatment Guidelines state the clinician is to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose/multiple NSAIDs. The previous request for naproxen sodium has been non-certified to which this medication was to be utilized for side effects. As such, Omeprazole is not warranted at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Tramadol hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Tramadol hydrochloride ER 150 mg #90 is not medically necessary. The injured worker has been taking this medication since 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effect. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There was a lack of evidence regarding decreased pain on a numerical scale, improved functional status, side effects, or a recent urine drug screen. Therefore, due to the lack of evidence of significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. As such, the requested service is not medically necessary.

Terocin patch QTY 30: 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): 111-112.

Decision rationale: The request for Terocin patch quantity 30 is not medically necessary. The Terocin patch consists of Lidocaine and menthol. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state there is little to no research to support many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state Lidocaine has been indicated for neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica.) Topical Lidocaine, in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain and the guidelines do not recommend topical Lidocaine for non-neuropathic pain. There is only 1 trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. There is a lack of documentation regarding efficacy of this medication, and the guidelines do not support any formulation of topical Lidocaine other than Lidoderm for neuropathic pain. There also was not a recent, adequate, complete assessment submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.