

Case Number:	CM14-0039245		
Date Assigned:	08/01/2014	Date of Injury:	10/06/2005
Decision Date:	09/09/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/03/2014

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, 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 53-year-old male who complains of right shoulder pain and low back pain with radiating pain in the left leg. Right shoulder pain worsens with repetitive motion and low back pain worsens with prolonged standing. Left SLR was positive. Spasm and guarding are noted in the lumbar spine. Arthrogram of the right shoulder with contrast revealed rotator cuff tendinosis with evidence of partial articular surface tears of the supraspinatus and subscapularis tendons. Acromioclavicular joint arthrosis. Medications include Capsaicin 0.075% Cream, Relafen, Doc-q-lace, Protonix, DSS Soft gel, Thermacare Heat wrap, Flexeril and Methadone Hcl. Right shoulder exam reveals abduction was 135, adduction 35, flexion 140, extension 35, internal rotation 80, and external rotation 45. Lumbar spine exam shows tenderness to palpation in the midline and off to the side and ranges of motion are 50% of normal. Straight leg raise and Lasegue's are negative. Diagnoses are Lumbar disc displacement without myelopathy; cervical disc displacement without myelopathy; and right shoulder pain. Plan was for lumbar ESI. The request for Capsaicin Cream, Pantoprazole/Protonix, Cyclobenzaprine/Flexeril, and Methadone were denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

Decision rationale: The California MTUS guidelines states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical analgesics are largely experimental. 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). Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, there is no documentation of failed first line therapy. There is no evidence of intolerance to oral medications to justify topical use. There is no evidence of any significant improvement in pain with prior use of this topical cream. The concentration of this topical cream is not specified. Therefore, the request for Capsaicin is not medically necessary according to the guidelines.

Pantoprazole/Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines - Formulary.

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

Decision rationale: The California MTUS guidelines state that PPI medications such as Pantoprazole (Protonix) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events as stated above. In accordance with the California MTUS guidelines, Protonix is not medically necessary.

Cyclobenzaprine/Flexeril 7.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines - muscle relaxants.

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

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Flexeril is recommended as an option, using a short course. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. 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. The medical records do not document the presence of significant persistent muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. The medical records demonstrate the patient has been prescribed Flexeril on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, there is no documentation of any significant improvement in pain or function with prior use. Thus, the medical necessity for Flexeril is not established. Therefore, the request is not medically necessary.

Methadone HCL 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61,74.

Decision rationale: The California MTUS guidelines state that Methadone is recommended for moderate to severe pain as a second-line drug. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Providers experienced in using it should only prescribe methadone. Further guidelines, "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)." This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Methadone should be given with caution to patients with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). QT prolongation with resultant serious arrhythmia has also been noted. Use methadone carefully in patients with cardiac hypertrophy and in patients at risk for hypokalemia. There is no documentation of any significant improvement in pain or function with this medication. There is no documentation of urine drug test to monitor the patient's compliance. There is no record of a baseline EKG. Therefore, the medical necessity of the request for Methadone 5mg # 60 is not established. The request is not medically necessary.