

Case Number:	CM14-0041914		
Date Assigned:	06/30/2014	Date of Injury:	10/30/2002
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Management 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 64-year-old female who reported an injury on 10/30/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 05/12/2014 indicates a diagnosis of failed back surgery syndrome of the lumbar, lumbar post laminectomy syndrome, status post fusion of the lumbar spine, lumbar spine stenosis, gastritis, medication related dyspepsia, myofascial pain syndrome and status post failed spinal column stimulator trial. The injured worker's neck pain radiated down bilaterally in the upper extremity that was aggravated by activity and walking and low back pain that radiated down bilaterally in the lower extremities. The pain was rated 9 out of 10 in intensity with medications and 10 out of 10 in intensity without medication. The injured worker reported her pain had worsened since her last visit. The injured worker also reported activities of daily living were limited with self-care, hygiene, activity, ambulation, hand function, sleep and sex. On physical examination of the cervical spine, there were spasms noted bilaterally in the trapezius muscle and bilaterally in the paraspinal muscles. There was spinal vertebral tenderness noted in the cervical spine C4-C7. The injured worker had myofascial trigger points in the trapezius muscles bilaterally and the injured worker's cervical range of motion was moderately limited due to pain. The injured worker's pain was increased with flexion extension and rotation. The physical examination of the lumbar spine revealed spasms in the bilateral paraspinal musculature with tenderness to palpation bilaterally in the paravertebral area, L4-S1 levels. The injured worker had significant increase in pain with flexion and extension. The injured worker's sensory exam had worsened since last visit and motor exam revealed decreased strength of extensor muscles along the L4-S1 dermatome and flexor muscles along the L4-S1 dermatome and bilateral lower extremities. The injured worker's straight leg raise with the injured worker in the seated position was positive bilaterally, 30 degrees. The injured worker's treatment plan included a continuing ongoing home exercise

program, clinic follow-up in 2 months and renewed medication. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker medications regimen included Gabapentin, Norco, Hydrocodone/APAP, Pantoprazole and Risperidone. The provider submitted a request for Hydrocodone, Risperidone, Capsaicin and Pantoprazole. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg one every six hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: The California MTUS Guidelines indicate that Hydrocodone is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids such as pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker reports her pain at 9 out of 10 and reported increased pain. There is no indication that the use of Hydrocodone has resulted in diminished pain levels or functional improvement. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the documentation submitted did not indicate the injured worker had a signed pain agreement. Additionally, the clinical note indicated the injured worker was prescribed Hydrocodone/APAP, the request is for Hydrocodone. Clarification is needed. Therefore, the request for Hydrocodone 10/325 mg 1 every 6 hours, 120 is not medically necessary.

Risperidone 2mg QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694015.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Atypical antipsychotics.

Decision rationale: The Official Disability Guidelines do not recommend atypical antipsychotics as a first-line treatment. It was not indicated if the injured worker had tried and failed a first line treatment. In addition, it was not indicated how long the injured worker had

been prescribed this medication. Moreover, the provider did not indicate a rationale for the request therefore the request for Risperidone 2mg qhs #30 is not medically necessary.

Capsaicin 0.025% cream apply TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-112 Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines indicate 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. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis). 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. It was not indicated the injured worker had tried and failed antidepressants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, the documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for osteoarthritis. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Capsaicin 0.025% cream #60 is not medically necessary.

Pantoprazole 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, 68 Page(s): 68.

Decision rationale: The CA MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There was also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The injured worker has a diagnosis of gastritis and is utilizing opioids. However, there was lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request of Pantoprazole 20mg #60 is not medically necessary.