

Case Number:	CM14-0047931		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2003
Decision Date:	09/11/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/16/2014

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 Interventional Spine 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 patient is a 75 year old with an injury date on 5/5/03. Patient complains of persistent cervical pain, with secondary lumbar pain with tingling down left arm/shoulder per 3/10/14 report. Patient states that medications and compound creams are helping with pain per 3/10/14 report. Based on the 3/10/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical discopathy with disc. displacement 2. lumbar discopathy with disc. displacement 3. bilateral shoulder rotator cuff tear Exam on 3/10/14 showed "tenderness to palpation in cervical/lumbar paraspinals. Decreased range of motion secondary to pain. Bilateral positive straight leg raise at 20 degrees." [REDACTED] is requesting retrospective request for Fexmid 7.5 mg #120 DOS 3/10/14, retrospective request for Fioricet 50-325-40 #60 DOS 3/10/14, retrospective request for Norco 10/325mg #120 DOS 3/10/14, retrospective request for Prilosec 20mg #90 DOS 3/10/14, retrospective request for Ultram ER 150mg #90 DOS 3/10/14, retrospective request for Compound Topical 50mg, Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 120 gm tub DOS 3/10/14, retrospective request for compound topical 15mg Cyclobenzaprine 10% Tramadol 10% 60gm tube DOS 3/10/14, retrospective request for TENS unit with replacement batteries and supplies DOS 3/10/14. The utilization review determination being challenged is dated 4/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/14 to 3/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid 7.5mg, qty 120, DOS 03/10/2014: Upheld

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

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

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Fexmid 7.5 mg #120 DOS 3/10/14 on 3/10/14 . It is not known when patient began taking Fexmid. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is for denial.

Retrospective request for Fioricet 50-325-40, qty 60 DOS 03/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 23.

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Fioricet 50-325-40 #60 DOS 3/10/14 on 3/10/14. It is not known when patient began taking Fioricet. Regarding barbiturate-containing analgesic agents, MTUS does not recommend for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the requested Fioricet would not be indicated by MTUS guidelines. Recommendation is for denial.

Retrospective request for Norco 10/325mg, qty 120 DOS 03/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR Use of opioids (mtus) Page(s): 76-78).

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Norco 10/325mg #120 DOS 3/10/14 on 3/10/14. It is not known when patient began taking Norco. For chronic opioids use, MTUS

guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

Retrospective request for Prilosec 20mg, qty 90 DOS 03/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk (MTUS pg 69) Page(s): 69.

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Prilosec 20mg #90 DOS 3/10/14 on 3/10/14. It is not known when patient began taking Prilosec. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no diagnosis or documentation of any GI issues such as GERD, gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Recommendation is for denial.

Retrospective request for Ultram ER 150mg, qty 90, DOS 03/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS 76-78) Page(s): (MTUS 76-78).

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Ultram ER 150mg #90 DOS 3/10/14 on 3/10/14. It is not known when patient began taking Ultram. There is no indication in any of the provided reports of its efficacy. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of

Ultram. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

Retrospective request for Compound topical 50mg Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%, 120gm tube DOS 03/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113 Page(s): 111-113.

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for Compound Topical 50mg, Flurbiprofen 25% on 3/10/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends capsaicin only as an option "in patients who have not responded or are intolerant to other treatments." Furthermore, MTUS indicates capsaicin efficacy for peripheral neuropathies at a 0.025% formulation, with no studies of the efficacy of a 0.0375% formulation. There is no discussion about the patient's intolerance or failure to respond to other therapies and the guidelines do not support a 0.375% capsaicin formulation, thus the entire compounded product is not recommended. Recommendation is for denial.

Retrospective request for Compound topical 15mg Cyclobenzaprine 10%, Tramadol 10% 60gm tube DOS 03/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine: pg 111-113 Page(s): 111-113.

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for compound topical 15mg Cyclobenzaprine 10% Tramadol 10% 60gm tube DOS 3/10/14 on 3/10/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend any muscle relaxant for topical use. As topical Cyclobenzaprine is not indicated, the entire compound would also not be indicated. Recommendation is for denial.

Retrospective request for transcutaneous electrical nerve stimulator (TENS) unit with replacement batteries and supplies DOS 03/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS, pg114-121 Page(s): 114-121.

Decision rationale: This patient presents with neck pain and back pain, with left upper extremity tingling. The treater has asked for retrospective request for TENS unit with replacement batteries and supplies DOS 3/10/14 on 3/10/14. It is not known when patient began using a TENS unit. Included reports do not indicate patient had a trial of the TENS unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the treater has asked for a TENS unit but MTUS guidelines recommends a one-month trial prior to purchase. More importantly, the treater does not discuss how the TENS unit is working for the patient to reduce pain and to improve pain as required by MTUS. Recommendation is for denial.