

Case Number:	CM14-0053904		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2010
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58 year-old with a date of injury of 06/04/10. A progress report associated with the request for services, dated 03/17/14, identified subjective complaints of low back pain radiating into the legs and right knee pain. Objective findings included decreased and painful range of motion of the lumbar spine. Swelling was noted in the knee. Diagnoses included lumbar disc pain with radiculopathy. A Utilization Review determination was rendered on 04/01/14 recommending non-certification of the refills for "Tramadol 50 mg; Prilosec 20 mg; and Topical Creams".

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-96, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list: Tramadol.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks and the Guidelines further state that tramadol is not recommended as a first-line oral analgesic. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the request is not medically necessary and appropriate.

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal (GI) Symptoms Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor (PPI) antacid. The Medical Treatment Utilization Schedule (MTUS) does not address their use related to medication gastrointestinal side-effects other than with NSAIDs. The Official Disability Guidelines (ODG) notes that PPIs are recommended for patients at risk for gastrointestinal events. It also notes that a trial of omeprazole or lansoprazole is recommended before non-generic Nexium (esomeprazole). The record does not indicate that the patient has ongoing side-effects from medications, improved with omeprazole. Therefore, the medical record does not document the medical necessity for Prilosec (omeprazole).

Topical Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; Salicylate Topicals; Topical Analgesics Page(s): 2-29,105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Topical Analgesics; Salicylate Topicals.

Decision rationale: The request is for "topical cream". The RFA was not available. Record on 02/13/14 specified therapy with Medrox cream. Medrox has multiple ingredients that include methyl salicylate 20%, capsaicin 0.0375%, and menthol USP 5%. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Capsaicin is an active component of chili peppers and acts as an irritant. The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. It is further noted that a 0.025% formulation is available for treatment of osteoarthritis and a 0.075% formulation for neuropathic pain. They state that there have been no studies of the 0.0375% formulation and no current indication that the increase over the 0.025% formulation would provide any further efficacy. The Official Disability Guidelines (ODG) states that neither salicylates nor capsaicin has shown any efficacy in the treatment of osteoarthritis. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. In this case, topical cream lacks specificity to determine medical necessity. However, assuming the refill requested was for Medrox, the Guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity for a "topical cream".