

Case Number:	CM14-0054583		
Date Assigned:	07/09/2014	Date of Injury:	02/14/2013
Decision Date:	12/30/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/23/2014

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 Rehabilitation & Pain Management 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 51 year old female with an injury date of 02/14/13. Based on the progress report dated 03/26/14, the patient complains of intermittent and localized cervical pain and stiffness rated at 3-4/10 along with intermittent lumbar pain rated at 6/10. The lumbar pain radiates to the right leg and also causes numbness and tingling. Standing and walking aggravate the pain, while sitting and medications help alleviate it. Physical examination reveals reduced range of motion, as per progress report dated, 03/26/14. List of medications, as per the same progress report, includes Norco, Naproxen and Prolisec. Progress report dated 02/26/14 reveals that the patient underwent two weeks of physical therapy which helped lower the pain. The patient was scheduled to return to modified work from 03/27/14, as per progress report dated 03/26/14. Diagnosis, 03/26/14; Musculoligamentous Strain, Lumbosacral; Facet syndrome L5-S1 bilaterally; L5 radiculopathy, right; MRI evidence of protruded disc L5-S1. The treating physician is requesting for (a) Ketoprofen / Cyclobenzaprine 20% gel (b) Naproxen 500 mg # 60 (C) Omeprazole DR 20 mg # 30 (D) Tramadol HCL 50 mg # 50. The utilization review determination being challenged is dated 04/16/14. The rationale follows: (a) Ketoprofen / Cyclobenzaprine 20% gel - "There are insufficient large-scale, randomized, controlled trials showing the safety and efficacy of this topical compound prescription in the claimant's clinical scenario.(b) Naproxen 500 mg # 60 - "There is no documentation noting a maintained decrease in pain or increase in function." (c) Omeprazole DR 20 mg # 30 - "There is no evidence that this claimant is at a significantly increased risk for GI upset or bleed." (d) Tramadol HCL 50 mg # 50 - No specific rationale provided. Treatment reports were provided from 10/23/13 - 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/ Cyclobenzaprine 20% gel: Upheld

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

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

Decision rationale: The patient presents with intermittent and localized cervical pain and stiffness, rated at 3-4/10, along with intermittent lumbar pain, rated at 6/10, which radiates to the right leg and also causes numbness and tingling, as per progress report dated 03/26/14. The request is for Ketoprofen / Cyclobenzaprine 20% gel. Regarding topical analgesics, MTUS guidelines on page 111, state topical NSAIDs such as Ketoprofen should not be used for axial, spinal pain, but the guidelines support its use for peripheral joint arthritis and tendinitis. However, it states that there is no evidence for use of any other muscle relaxant such as cyclobenzaprine as a topical product. In this case, there is no diagnosis of peripheral joint arthritis or tendinitis. Additionally, cyclobenzaprine is not recommended for topical use. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

Naproxen 500 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Medication for chronic pain Page(s): 22,60.

Decision rationale: The patient presents with intermittent and localized cervical pain and stiffness, rated at 3-4/10, along with intermittent lumbar pain, rated at 6/10, which radiates to the right leg and also causes numbness and tingling, as per progress report dated 03/26/14. The request is for Naproxen 500mg # 60. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the Naproxen prescription was first noted in progress report dated 10/23/13. The patient has received the prescription continuously since then. Although the treating physician states in progress report dated 03/26/14 that the patient "feels improvements," there is no discussion about specific pain reduction and functional benefit, as required by the MTUS guidelines when medications are used for chronic pain (p60). The request is not medically necessary.

Omeprazole DR 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with intermittent and localized cervical pain and stiffness, rated at 3-4/10, along with intermittent lumbar pain, rated at 6/10, which radiates to the right leg and also causes numbness and tingling, as per progress report dated 03/26/14. The request is for Omeprazole DR 20mg # 30. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription of Naproxen (NSAID) along with Prilosec has been noted since 10/23/13. However there is no indication of dyspepsia secondary to NSAID therapy in review of reports. Furthermore, there is no information regarding history of peptic ulcers, GI bleeding, or perforation. There is lack of information pertinent to the request to make a decision based on MTUS guidelines. The request is not medically necessary.

Tramadol HCL 50 mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89, 78.

Decision rationale: The patient presents with intermittent and localized cervical pain and stiffness, rated at 3-4/10, along with intermittent lumbar pain, rated at 6/10, which radiates to the right leg and also causes numbness and tingling, as per progress report dated 03/26/14. The request is for Tramadol 50mg # 50. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This is the first request for Tramadol. The patient, however, received Norco (another opioid) at least since 10/23/13. In the progress report dated 03/26/14, the treating physician states that the patient "feels improvements." However, the progress reports do not discuss a change in pain scale nor do they reveal significant improvement in function with the use of Norco. No urine drug screen report was found in the records. The treating physician fails to specifically address the four A's with regards to Tramadol as well. There is no information about analgesia, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. The request is not medically necessary.