MAXIMUS Federal Services

Case Number:	CM14-0054645		
Date Assigned:	07/07/2014	Date of Injury:	11/13/2005
Decision Date:	09/24/2014	UR Denial Date:	03/31/2014
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 Medicine and 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 66 year old male with an injury date of 11/13/2005. Based on the 03/17/2014 progress report, the patient presents with neck pain (rated as a 6-7/10), left shoulder pain (rated as a 5-6/10), bilateral elbow pain (rated as a 5-6/10), bilateral wrist pain (rated as a 5-6/10), midback pain (rated as a 8-9/10), lower back pain (rated as a 8-9/10), and bilateral knee pain (rated as a 7/10). The patient reports of radiation of pain as well as numbness/tingling to the bilateral hand and bilateral lower extremities. Palpation of the cervical spine elicits tenderness and spasm of the paracervical muscles bilaterally. The range of motion is limited by pain and spasm in all directions and Spurling's test is positive bilaterally. In regards to the lumbar spine, palpation elicits pain and spasm in all directions and there is limited range of motion. Kemp's test is positive bilaterally. In regards to the knee, palpation elicits tenderness over the medial and lateral joint lines of the right knee. There is also a decreased range of motion upon flexion and extension bilaterally. The patient has a decreased sensation along the L5-S1 dermatome distribution bilaterally. The 02/10/2014 report also indicates that the patient has hypertension, high blood sugar levels, acid reflux, anxiety, depression, and sleeping difficulty due to pain. The patient's diagnoses include the following: 1. Cervical spine herniated nucleus pulposus with C4/C5 myelomalacia. 2. Status post right shoulder surgery with residuals. 3. Bilateral ulnar nerve compression. 4. Bilateral cubital tunnel syndrome. 5. Bilateral carpal tunnel syndrome. 6. Thoracolumbar fracture, chronic. 7. Lumbar spine herniated disk. 8. Lumbar spine radiculopathy, per positive EMG. 9. Lumbar spine chronic compression fractures. The utilization review determination being challenged is dated 03/31/2014. Treatment reports were provided from 10/07/2013 - 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Jar of TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Based on the 03/17/2014 progress report, the patient complains of having neck pain, left shoulder pain, bilateral elbow pain, bilateral wrist pain, midback pain, low back pain, and bilateral knee pain. The request is for one jar of TGHot (tramadol 8%, Gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.05%) 180 g. The MTUS Chronic Pain Guidelines provide a clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. There is no indication of where the patient will be applying this topical ointment to. Furthermore, Tramadol is not supported in topical formulation. As such, the request is not medically necessary and appropriate.

1 Jar of FlurFlex (Flurbiprofen 10% and Cyclobenzaprine 10%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Based on the 03/17/2014 progress report, the patient presents with pain in his neck, left shoulder, bilateral elbows, bilateral wrist, midback, lower back, and bilateral knees. The request is for one jar of FlurFlex (Flurbiprofen 10% and Cyclobenzaprine 10%) 180 g. There is no indication of where the patient will be applying this compounded Cyclobenzaprine, Flurbiprofen cream. MTUS also states that if one of the components of the compounded product is not recommended, then the entire compound is not recommended. In this case, Cyclobenzaprine is not recommended per the MTUS Chronic Pain Guidelines for a topical formulation. As such, the request is not medically necessary and appropriate.

60 Tablets of Omeprazole Delayed-Release 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition, Chapter: Pain, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. PrilosecÂ® (omeprazole), PrevacidÂ® (lansoprazole) and NexiumÂ® (esomeprazole magnesium) are PPIs. Omeprazole provides a statistically significantly greater acid control than lansoprazole. (Miner, 2010) Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). Also, Prilosec is available as an over-the-counter product (Prilosec OTCÂ®), while Nexium is not. (Donnellan, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011).

Decision rationale: Based on the 03/17/2014 progress report, the patient presents with pain in his neck, left shoulder, bilateral elbow, bilateral wrist, midback, lower back, and bilateral knee. The request is for 60 tablets of omeprazole delayed-release 20 mg. The patient is to be taking 1 tablet twice a day to protect the stomach and avoid GI upset. Several of the recent progress reports indicate the patient does have acid reflux. However, there was no discussion provided as to what omeprazole has done for the patient ever since he has been taking it since 11/04/2013. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treater has not documented any gastrointestinal symptoms for this patient besides mentioning that the patient has acid reflux. Routine use of PPI for prophylaxis is not supported without GI assessment. As such, the request is not medically necessary and appropriate.

30 Tablets of Tramadol Extended-Release 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61; 88-89.

Decision rationale: Based on the 03/17/2014 progress report, the patient presents with pain in his neck, left shoulder, bilateral elbow, bilateral wrist, midback, lower back, and bilateral knee. The request is for 30 tablets of tramadol extended-release 150 mg. The patient has been taking tramadol as early as 10/07/2013. The MTUS Chronic Pain 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. Reviewing the reports, no documentation of analgesia, ADLs, adverse effects, aberrant behavior including urine toxicology is provided. Given the lack of adequate documentation regarding functional measures, the request is not medically necessary and appropriate.