

Case Number:	CM14-0054653		
Date Assigned:	07/07/2014	Date of Injury:	05/31/2006
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported a lifting injury on 05/31/2006. On 04/14/2014, his complaints included low back and leg pain which radiated bilaterally to his posterior legs. He rated his pain level at 7/10. His pain was increased while walking, sitting, or standing. His pain was improved with medication and the application of ice. His medications included Miralax 17 gm, Flexeril 10 mg, Actos 15 mg, Nuvigil 250 mg, amitriptyline 25 mg, MS IR 15 mg, Clonidine patch 0.1 mg/24 hours, Xanax 0.5 mg, and MS Contin 30 mg. The documentation stated that he had benefited from surgery, a TENS unit, and biofeedback, while failed treatments included epidurals, physical therapy, and facet injections. His diagnoses included postlaminectomy syndrome of the lumbar region, spondylosis of an unspecified site without myelopathy, depressive disorder, and long term (current) use of other medications. The injured worker was discharged from the provider's practice for violating their medication policy and was given a discharge letter and a prescription for a 14-day supply of MS Contin. There was no documentation beyond the date of 04/14/2014. There was no rationale included in this injured worker's chart. A Request for Authorization dated 04/01/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective - Menthoderm ointment, apply up to twice a day to affected area 120ml (Dispensed 3-27-14): 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): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines refer to topical analgesics as largely experimental 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. Many agents are compounded in combination for pain including local anesthetics. There is little to no research to support the use of many of these agents. Methoderm ointment contains methyl salicylate, which has not been evaluated by the FDA. Additionally, there was no body part to which the ointment was to have been applied included in the request. Therefore, the request for decision for retrospective Methoderm ointment apply up to twice a day to affected area 120 mL dispensed 03/27/2014 is not medically necessary and appropriate.

Retrospective - Norco 10/325mg, 1 tablet every 4-6 hours as needed for pain, #90 (Dispensed 3-27-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that the ongoing review of opioid use, includes documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that the ongoing review of opioid use, includes documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of opioids for treatment of chronic lumbar pain. For chronic back pain, opioids appear to be efficacious but limited to short-term pain relief. In most cases analgesic treatment should begin with acetaminophen, aspirin, non-steroidal anti-inflammatory drug (NSAIDs), antidepressants, and/or anticonvulsants. When these drugs do not

satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, side effects, failed trials of NSAIDs, aspirin, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. In the absence of this information, the ongoing use of Norco is not supported by the guidelines. Therefore, the request for retrospective Norco 10/325 mg 1 tablet every 4 to 6 hours as needed for pain #90 dispensed 03/27/2014 is not medically necessary and appropriate.

Retrospective - Zofran 8mg, 1-2 tablets every 4-6 hours as needed for nausea, #10 (Dispensed 3-27-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: Per the Official Disability Guidelines, Zofran is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. As with other antiemetics, routine prophylaxis is not recommended in injured workers in whom there is little expectation that the nausea and/or vomiting will occur postoperatively. There was no documentation submitted that this worker was being treated with cancer chemotherapy, radiation, or that he was a candidate for surgery with a high expectation of postoperative nausea and vomiting. Therefore, this request for retrospective Zofran 8 mg 1 to 2 tablets every 4 to 6 hours as needed for nausea #10 dispensed 03/27/2014 is not medically necessary and appropriate.

Retrospective - Ultram HCL ER 150mg, 1 capsule 1 time daily, #60 (Dispensed 3-27-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other

caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of opioids for treatment of chronic lumbar pain. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases analgesic treatment should begin with acetaminophen, aspirin, non-steroidal anti-inflammatory drug (NSAIDs), antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring, evaluations, side effects, failed trials of NSAIDs, aspirin, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. In the absence of this information, the ongoing use of Norco is not supported by the guidelines. Therefore, the request for retrospective Ultram HCL ER 150 mg 1 capsule 1 time daily #60 dispensed 03/27/2014 is not medically necessary and appropriate.