

Case Number:	CM14-0056016		
Date Assigned:	08/08/2014	Date of Injury:	08/30/2010
Decision Date:	12/24/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 52-year-old female with complaints of pain in her cervicothoracic spine and BUE. The injury occurred on 8/30/10 and the mechanism of injury was while reaching over to left side she had sharp shooting pain in neck, shoulder and back. At the time of request for tramadol ER, naproxen sodium, Protonix, Flexeril, Lidopro lotion and Terocin patches, there is subjective (neck pain radiating to shoulder & elbow 6/10; bilateral shoulder pain radiating to elbow, wrist & fingertips 5/10; bilateral elbow pain radiating to arm, biceps & shoulder 5/10; bilateral wrist pain 5-6/10; bilateral hand pain radiating to palm, thumb & fingers 5/10; and back pain with cramping & spasms radiating to hip & thigh 7/10), objective (painful/restricted neck and BUE ROM; positive reverse Phalen on left index finger; grip strength 42(right) and 20(left); positive cross-arm(left); tenderness lateral & medial epicondyles bilaterally; tenderness cervical paraspinal muscles, trapezius & shoulder girdle bilaterally; positive Milgram's; tenderness lumbar paraspinal muscles), findings, imaging/other findings (back MRI in 1999 and 2012; back and neck MRI in 2011), current medications (tramadol, Naprosyn, and topical lotion), diagnoses (discogenic cervical condition with facet inflammation & radiculopathy, ulnar neuritis (right), medial & lateral epicondylitis bilaterally, although not to stretch or resisted function, carpal tunnel (left), and wrist joint inflammation bilaterally with CMC joint inflammation, worse (right), discogenic lumbar condition with facet inflammation & radiculopathy), and treatment to date (massage/acupuncture with benefit, PT, electrostimulation, vitamin supplement & Neurontin. Back pain 7/10 on 3/13/14 & 4-7/10 on 12/3/13. On Ultram, Naproxen, Terocin patches and topical lotion since at least 12/03/13. Allergic to penicillin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER (extended release) 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93, 113, 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Tramadol

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) If the patient has returned to work and (b) If the patient has improved functioning and pain. In this case, the clinical information is limited and there is little to no documentation any significant improvement in pain level (i.e. VAS) and function with prior use. There is no evidence of urine drug test in order to monitor compliance. There is no evidence of alternative means of pain management such as home exercise program. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, the medical necessity of Tramadol ER (extended release) 150 mg #30 has not been established.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drug (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. However, there is documentation of efficacy of pharmacologic therapy in the medical records provided. Therefore, naproxen 550mg #60 is medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gastroesophageal reflux disease (GERD).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Proton pump inhibitors(PPIs)

Decision rationale: According to the CA MTUS, "PPI" is recommended for Patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Pantoprazole (Protonix) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Furthermore, Protonix, Nexium, and Dexilant are second line PPI's that should only be used if a failed trial of a first line treatment such as OTC Prilosec has been documented. Also, In this case, however, there is no documented trial of changing to another NSAIDs. Long-term use of PPI (> one year) is not recommended due to increased risk of hip fracture. As such, the medical necessity of the request for Protonix 20mg #60 has not been established in accordance to guidelines.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42,63-64.

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request for Flexeril 7.5 mg #60 is not established per guidelines.

Terocin patches #20: 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: According to the references, Terocin patches contain lidocaine and menthol. The CA MTUS state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topically applied lidocaine is not recommended for non-neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request of Terocin patches #20 is not medically necessary.

Lidopro lotion 4 ounces: 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 based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <<http://lidopro.com/>>

Decision rationale: LidoPro contains Capsaicin .0325%, lidocaine, menthol and methyl salicylate. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Capsaicin .025%(maximum allowed/approved concentration) is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine Indicated in Neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro lotion 4 ounces is not medically necessary according to the guidelines.