

Case Number:	CM14-0056684		
Date Assigned:	08/04/2014	Date of Injury:	01/07/2012
Decision Date:	09/10/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physicla Medicine & 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 53 years old female with an injury date on 01/07/2014. Based on the 03/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. S/P Cervical surgery. 2.Cervical discopathy/radiculopathy. 3. Lumbar discopathy/radiculopathy. 4. Loss of sleep. According to this report, the patient complains of neck pain that radiates to the hands, low back pain, numbness all over the body and trouble sleeping due to pain. The patient rated the neck pain as a 7/10. Cervical and lumbar range of motion is decreased in all planes. SLR test and Kemps test are positive. The patient's current medications are Restone, Cyclobenzaprine, Hydrocodone, Zoloft, and Ambien. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Omeprazole 20mg #60. 2. Cyclobenzaprine 7.5mg #60. 3. Cartivise 500/200/150mg #90. 4. Gabapentin 600mg. 5. Tramadol 50mg #60. 6. Zolpidem 10mg #30. 7. Compound 240mg: Gabapentin Flurbiprofen. The utilization review denied the request on 03/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/2013 to 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The treating physician is requesting Omeprazole 20mg #60. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report do not show that the patient has gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request is not medically necessary.

Cyclobenzaprine 7.5 mg #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 SOMA MTUS, Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29,63-66.

Decision rationale: The treating physician is requesting Cyclobenzaprine 7.5mg #60. Review of reports from 09/25/2013 to 03/03/2014; show that the patient has been taking Cyclobenzaprine since 11/27/2013. Regarding this medication, MTUS page 29 states Not recommended. This medication is not indicated for long-term use. The treating physician current request for on-going use of this medication is not supported by the MTUS. The request is not medically necessary.

Cartivisc 500/200/150 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

Decision rationale: The treating physician is requesting Cartivisc 500/200/150mg #90. Regarding Glucosamine, MTUS guidelines state Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case, the patient does not meet the indication for Glucosamine, as she does not present with knee osteoarthritis. Per MTUS guidelines, the request is not medically necessary.

Gabapentin 600 mg (Quantity Not Specified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin®), Gabapentin, generic available, page 18,19 and on the Non-MTUS Official Disability Guidelines (ODG) ODG guidelines has the following regarding the use of anti-epileptic drugs for chronic pain: Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants.

Decision rationale: The treating physician is requesting Gabapentin 600 mg (qty not specified) regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, ODG Guidelines recommended for neuropathic pain (pain due to nerve damage). Review of reports show positive examination findings to indicate neuropathic pain. However, there is no discussion as to what Gabapentin has done for this patient. It is quite possible that the patient's radicular symptoms are resolved due to the use of Gabapentin but the treating physician does not document this. Furthermore, the quantity of Gabapentin requested was not specified. The request is not medically necessary.

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (MTUS Page(s): 80, 88, 89).

Decision rationale: Tramadol was first mentioned in the 09/25/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Medical reports show that this patient has been on opiates for quite some time. On 01/15/2014 report, the patient's neck pain, ankle, and knee pain are at a 7/10, low back pain is at a 6/10, and wrist pain and hand pain are at a 5/10. The report also mentions the pain levels have increased. In this case, the treating physician does use a numerical scale to assess patient's current and average pain only. However, there was no numerical scale to assess patient's pain with and without medication. There are no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Tramadol. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Zolpidem 10 mg #30: 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): Treatment for Insomnia.

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

guidelines, Chronic Pain Chapter online, Zolpidem:(<http://www.odg-twc.com/odgtwc/pain.htm#ProcedureSummary>).

Decision rationale: The treating physician is requesting Zolpidem 10mg #30. Ambien was first mentioned in the 09/25/13 report; it is unknown exactly when the patient initially started taking this medication. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has not been prescribed Ambien in the past. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. ODG Guidelines does not recommend long-term use of this medication. The request is not medically necessary.

Compound: 240 gm Gabapentin, Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen, lidocaine creams.

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

Decision rationale: The treating physician is requesting Compound 240mg: Gabapentin Flurbiprofen. Regarding topical NSAIDS, MTUS guidelines recommends for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the patient does not meet the indication for the topical medication as she does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. The request is not medically necessary.