

Case Number:	CM14-0063150		
Date Assigned:	07/11/2014	Date of Injury:	12/01/1999
Decision Date:	10/02/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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 72-year-old female who has submitted a claim for lumbar radiculitis, cervical radiculopathy, myalgia, myositis, chronic pain syndrome, coronary artery disease, atrial fibrillation, chronic nausea, and coronary artery disease associated with an industrial injury date of 12/1/1999. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities. Patient likewise complained of back pain radiating to bilateral lower extremities, aggravated by activity and walking. Pain was rated 7 to 10/10 in severity, and relieved to 4 to 7/10 upon intake of medications. This resulted to difficulty in performing self-care, hygiene, ambulation, hand function, and sleep. Patient reported that use of pain medications allowed her to perform activities of daily living such as brushing, cleaning, sitting, standing, and walking. There were no noted side effects from medication use. Physical examination showed that the gait was slow. Both cervical and lumbar spine were positive for tenderness and limited motion. Vitamin B12 injection was given on 3/27/2014 because of weakness and fatigue. Patient has developed opioid tolerance due to long-term use. Weaning off from medications has been unsuccessful. Urine drug screen from 11/25/2013 and 2/16/2014 showed consistent results with prescribed medications. Treatment to date has included medications such as vitamin B12 injection, tramadol, Neurontin, Senokot, Compazine, Lidoderm patch, Voltaren gel, Norco, and Prevacid (all since 2013). Utilization review from 4/8/2014 denied the request for Vitamin B12 injection because there was no evidence of vitamin B deficiency; denied Ultram 50 mg, #180 because there was no urine drug screen to monitor for aberrant behaviors; denied Prevacid 30mg #30 because of no documentation of gastritis; denied Compazine 10mg #30 because it was not recommended for nausea and vomiting secondary to chronic opioid use; denied Lidoderm 5%, #30 patch because there was no documented trial of first line therapy; denied Voltaren 1% gel because there was no

evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder; and denied Norco 10-325mg #220 because there was no urine drug screen to monitor for aberrant behaviors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vitamin B12 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Pain chapter, was used instead. ODG states that vitamin B is not recommended. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. In this case, patient has persistent neck and back pain despite conservative management. However, there is no evidence to support vitamin B12 injection. There is no discussion concerning need for variance from the guidelines. Moreover, the patient had a vitamin B12 injection from 2013, however, response to treatment was not documented. Therefore, the request for vitamin B12 injection is not medically necessary.

Ultram 50mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Ultram since 2013. Pain severity was rated 7 to 10/10, and relieved to 4 to 7/10 upon intake of medications. Patient reported that use of pain medications allowed her to perform activities of daily living such as brushing, cleaning, sitting, standing, and walking. There were no noted side effects from medication use. Urine drug screen from 11/25/2013 and 2/16/2014 showed consistent results with prescribed medications. Weaning off from medications have been unsuccessful in the past. Guideline criteria for continuing opioid

management have been met. Therefore, the request for Ultram 50mg #180 is medically necessary.

Prevacid 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk, Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prevacid since 2013. Patient is a 72-year-old female with concomitant coronary artery disease. However, there is no recent subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. There is likewise no response to therapy documented from the records. Therefore, the request for Prevacid 30mg #30 is not medically necessary.

Compazine 10mg #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

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: Compazine is a phenothiazine that has sedative and anti-emetic properties with multiple central nervous system effects such as somnolence, confusion and sedation. CA MTUS does not specifically address antiemetics. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. In this case, the patient has been prescribed Compazine 10mg since 2013. However, there were no subjective complaints of nausea and vomiting. There is no clear indication for this medication. Therefore, the request for COMPAZINE 10 MG, #30 is not medically necessary.

Lidoderm 5% #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). In this case, clinical manifestations of neck pain and low back pain radiating to bilateral upper and lower extremities, respectively, were consistent with neuropathic pain. Patient was initially prescribed Neurontin, however, symptoms persisted. Adjuvant therapy with Lidoderm patch has been established. The patient likewise reported pain relief and functional improvement from medication use since 2013. Guideline criteria were met. Therefore, the request for Lidoderm 5% #30 is medically necessary.

Voltaren 1% gel #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Topical diclofenac is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, there was no documented rationale concerning prescription of topical diclofenac since 2013. Clinical manifestations are likewise consistent with neuropathy and Voltaren gel is not recommended for that particular condition as stated above. The medical necessity cannot be established due to insufficient information. Therefore, the request for Voltaren gel 1% #100 is not medically necessary.

Norco 10-325mg #220: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic

decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. Pain severity was rated 7 to 10/10, and relieved to 4 to 7/10 upon intake of medications. Patient reported that use of pain medications allowed her to perform activities of daily living such as brushing, cleaning, sitting, standing, and walking. There were no noted side effects from medication use. Urine drug screen from 11/25/2013 and 2/16/2014 showed consistent results with prescribed medications. Weaning off from medications have been unsuccessful in the past. Guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10-325mg #220 is medically necessary.