

Case Number:	CM14-0086982		
Date Assigned:	07/23/2014	Date of Injury:	07/06/2011
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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:

This patient is a 42 year old male employee with date of injury of 7/6/2011. A review of the medical records indicate that the patient is undergoing treatment for chronic low- and mid-back pain with which he associates some radicular paresthesia in the posterior aspect of both legs. The physician also reported very mild idiopathic scoliosis and a history of hepatitis C. Subjective complaints (5/13/2014) include sharp pain over the lumbar region that radiates to the buttocks and bilateral legs (left more than right). Patient also describes numbness and tingling in his leg and 5/10 back. Objective findings(6/25/2014) include X-Ray evidence of minimal-to-slight-loss of disc space at L4 and L5. X-Rays also show early degenerative change in the facet joints at L5-S1. MRI scan evidence of minimal-to-slight bulging of the L3 and L4 discs. One also appreciates minimal-to-slight congenital and acquired central stenosis at L3-4. Slightly limited lumbar range of motion is also reported. Treatment has included Cyclobenzaprine 7.5mg #90 for muscle relaxation, Topiramate 50mg #60 for nerve pain beginning September 2013, Ibuprofen, Methoderm gel 120gm (11/4/2013), Naproxen 55mg #120, Tramadol 150mg #30 (1/day) for pain, Omeprazole 20mg #60 1/day, Lidopro 4oz (2/18/2014), and a TENS unit. The utilization review dated 5/20/2014 stated the following: Partial certification of Tramadol 50mg #120 for taper/discontinuation (originally requested for Tramadol 50mg #180) for weaning off of opioids. Non-certified:-Lumbar support belt due to lack of adequate reasoning listed in the medical records.-Lidopro topical ointment 4oz #1 due to no documentation of failed first-line therapy. -Cyclobenzaprine 7.5mg #60 since medical records does not provide rationale for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar support belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar and Thoracic), Lumbar Support.

Decision rationale: ACOEM states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states, Not recommended for prevention. Recommended as an option for treatment. See below for indications. Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. (Jellema-Cochrane, 2001) (van Poppel, 1997) (Linton, 2001) (Assendelft-Cochrane, 2004) (van Poppel, 2004) (Resnick, 2005) Lumbar supports do not prevent LBP. (Kinkade, 2007) A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. (Bigos, 2009) This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. (van Duijvenbode, 2008). ODG states for use as a Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The patient is well beyond the acute phase of treatment and the treating physician has provided no documentation of spondylolisthesis or documented instability. As such the request for Lumbar support belt is not medically necessary.

Lidopro topical ointment 4 oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical analgesic Page(s): 28,105,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin topicals, Salicylate topicals, Topical analgesics.

Decision rationale: Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. MTUS recommends capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Additionally, regarding salicylates: Recommended. Topical salicylate(e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states Topical OTC pain relievers that contain menthol,

methyl salicylate, or capsaicin, may in rare instances because serious burns, a new alert from the FDA warns. MTUS states regarding topical analgesic creams, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is not supported by the treatment guidelines. As such, the request for Lidopro Topical Ointment 4oz #1 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42,60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Up-to-date Flexeril also recommends Do not use longer than 2-3 weeks. Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Flexeril ODG states regarding Cyclobenzaprine, Recommended as an option, using a short course of therapy . . . The addition of Cyclobenzaprine to other agents is not recommended. Several other pain medications are being requested, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

Tramadol 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96,113,123. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram[®]).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding Tramadol that A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. ODG further states, Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen. The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol #180 is not medically necessary.