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| Case Number: | CM14-0093714 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 08/07/2010 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 05/29/2014 |
| Priority: | Standard | Application Received: | 06/20/2014 |

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 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 injured work is 67-year-old female who reported an injury on August 07, 2010 due to slipping and falling. The injured worker complained of lower back pain, lower extremity pain, the injured worker complained of lower back, hip, and knee pain. The injured worker had diagnoses of lumbosacral intervertebral disc (IVD) displacement without myelopathy, lumbosacral radiculopathy, thoracic sprain/strain and right knee patellar tendonitis. Prior diagnostics included a nerve conduction velocity study dated November 17, 2011 that revealed no electrodiagnostic findings. The prior treatments included shockwave therapy to the right knee, medications, chiropractic therapy multiple visits, and cognitive behavior therapy. The physical findings dated August 22, 2011 revealed spasms, tenderness, and guarding to the paravertebral muscles of the lumbar spine with decreased range of motion. The physical findings dated June 10, 2014 revealed the neurological findings are within normal limits. Medications included Theramine and Nizatidine. Treatment plan included continuing medicated creams. The Request for Authorization was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Glucosamine and Chondroitin (400/400mg, #60, DOS: 2/07/2011): 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) Page(s): 50.

Decision rationale: The request for retrospective glucosamine and chondroitin (DOS: 2/07/2011) is not medically necessary. The California MTUS recommend glucosamine as an option given its low risk in patients with moderate arthritis pain, especially for knee arthritis. The documentation did not indicate that the injured worker had a diagnosis of osteoarthritis. The clinical note for February 07, 2011 was not submitted with documentation. As such, the request is not medically necessary.

Retrospective Glucosamine and Chondroitin (400/400mg, #60, DOS: 8/22/2011): 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) Page(s): 50.

Decision rationale: The request for retrospective glucosamine and chondroitin (DOS: 08/22/2011) is not medically necessary. The California MTUS recommend glucosamine as an option given its low risk in patients with moderate arthritis pain, especially for knee arthritis. The documentation did not indicate that the injured worker had a diagnosis of osteoarthritis. There were no clinical notes provided from on or around the date of service indicated within the submitted request. As such, the request is not medically necessary.

Retrospective Omeprazole (20mg, #90, DOS: 2/07/2011): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for retrospective omeprazole (DOS: 2/07/2011) is not medically necessary. The California MTUS recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that physicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: greater than age 65, history of peptic ulcer, GI bleed or perforation, concurrent use of ASA, corticosteroids and/or anticoagulants, or high dose/multiple nonsteroidal anti-inflammatory drugs. The medical documentation did not indicate the injured worker had had a GI bleed, perforation, or history of peptic ulcer. The documentation indicated that the injured worker had some gastrointestinal symptoms; however, it is not clear the exact timeframe the injured worker had the gastrointestinal symptoms. The clinical note from February 07, 2011 was not provided for review. As such, the request is not medically necessary.

Retrospective Nabumetone (750mg, #100, DOS: 2/07/2011): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): pages 67-68..

Decision rationale: The request for retrospective nabumetone (DOS: 2/07/2011) is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There were no clinical notes provided from on or around the date of service indicated within the submitted request. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.

Retrospective Tramadol HCL (50mg, #120, DOS: 2/07/2011): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The request for retrospective Tramadol HCL (DOS: 2/07/2011) is not recommended. The California MTUS Guidelines state that central analgesic drugs such as tramadol are reported to be effective in maintaining neuropathic pain. It is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There were no clinical notes provided from on or around the date of service indicated within the submitted request. As such, the request is not medically necessary.

Retrospective Baclofen (10mg, #100, DOS: 08/22/2011): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63..

Decision rationale: The request for retrospective Baclofen (DOS: 08/22/2011) is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment for acute exacerbations, impairment in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases they show no benefit beyond nonsteroidal anti-inflammatories in pain and overall improvement. In addition, there is no additional benefit shown in combination with nonsteroidal anti-inflammatories. Efficacy appears to be diminished over time and prolonged use of some medications in these cases may lead to dependence. There were no clinical notes provided from on or around the date of service indicated within the submitted request. There is a lack of documentation, which indicated the injured worker had significant muscle spasms upon physical examination. As such, the request is not medically necessary.

Nabumetone (750mg, #100, DOS: 08/22/2011): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain (chronic) Page(s): 12.

Decision rationale: The request for Retrospective Nabumetone (DOS: 08/22/2011) is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There were no clinical notes provided from on or around the date of service indicated within the submitted request. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.

Retrospective Tramadol HCL (50mg, #120, DOS: 08/22/2011): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 78, 82, 93, 94, 113,.

Decision rationale: The request for retrospective Tramadol HCL (DOS: 08/22/2011) is not medically necessary. The California MTUS Guidelines state that central analgesic drugs such as tramadol are reported to be effective in maintaining neuropathic pain. It is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There were no clinical notes provided from on or around the date of service indicated within the submitted request. As such, the request is not medically necessary.

Retrospective Cidaflex (#90, DOS: 11/26/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: The request for retrospective Cidaflex (DOS: 11/26/2012) is not medically necessary. The California MTUS recommend glucosamine as an option given its low risk in patients with moderate arthritis pain, especially for knee arthritis. The documentation did not indicate that the injured worker had a diagnosis of osteoarthritis. There were no clinical notes provided from on or around the date of service indicated within the submitted request. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.

Retrospective Omeprazole (20mg, #90, DOS: 11/26/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68..

Decision rationale: The request for retrospective Omeprazole (DOS: 11/26/2012) is not medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The documentation indicated that the injured worker had some gastrointestinal symptoms;

however, the documentation does not demonstrate the severity of the injured worker's gastrointestinal symptoms. There is a lack of documentation indicating the injured worker had significant improvement with the medication. There were no clinical notes provided from on or around the date of service indicated within the submitted request. As such, the request is not medically necessary. There is a lack of documentation indicating the injured worker had significant improvement with the medication. There were no clinical notes provided from on or around the date of service indicated within the submitted request. The request did not indicate a frequency. As such, the request is not medically necessary.

Retrospective Nabumetone (750mg, #100, DOS: 11/26/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain (chronic) Page(s): 12.

Decision rationale: The request for Retrospective Nabumetone (DOS: 11/26/2012) is not medically necessary. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There were no clinical notes provided from on or around the date of service indicated within the submitted request. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request is not medically necessary.

Retrospective Tramadol HCL (150mg, #60, DOS: 11/26/2012): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: The request for retrospective Tramadol HCL (DOS: 11/26/2012) is not recommended. The California MTUS Guidelines state that central analgesic drugs such as tramadol are reported to be effective in maintaining neuropathic pain. It is not recommended as a first line oral analgesic. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain

relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There were no clinical notes provided from on or around the date of service indicated within the submitted request. As such, the request is not medically necessary.

Retrospective Baclofen Cream (60gm, DOS: 11/26/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for retrospective Baclofen Cream (DOS: 11/26/2012) is not medically necessary. The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note Baclofen is not recommended for topical application as there is no peer-reviewed literature to support the use of topical baclofen. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, and the guidelines do not recommend Baclofen for topical application, the requested medication would not be indicated. As such, the request is not medically necessary.