

Case Number:	CM14-0179353		
Date Assigned:	11/05/2014	Date of Injury:	03/07/2002
Decision Date:	03/04/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 worker is a 62-year-old gentleman with a date of injury of 03/07/2002. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by the treating physician dated 05/01/2014, 07/10/2014, and 09/30/2014 indicated the worker was experiencing lower back pain that went into the buttocks and hip, neck and upper back pain and muscle spasms with associated headaches, pain in both shoulders, right elbow pain, abnormal sensations down both arms, and problems with sleep due to pain. Documented examinations consistently described neck and upper back muscle spasms; tenderness in the upper and lower back, both shoulders, and lower back where it meets the pelvis; decreased sensation in the arms along the C5-C7 nerve paths, decreased motion in the upper and lower back joints, and a positive test when raising the left straightened leg. The submitted and reviewed documentation concluded the worker was suffering from neck and upper back pain with right radiculopathy, right carpal and cubital tunnel syndromes, lower back pain with radicular symptoms, and a problem with both shoulder joints. Treatment recommendations included continued oral and topical pain medications, the addition of a combination pain medication for worsened pain, injections near the lower spine on both sides (the specific type of medication was not mentioned), and follow up care. A urinary drug screen report dated 07/18/2014 appeared to be inconsistent with the medications the worker was prescribed and the documentation reported he was taking. A Utilization Review decision was rendered on 10/20/2014 recommending non-certification for thirty Terocin with 4% lidocaine patches; two tubes of Monarch pain cream; Duexis (ibuprofen and famotidine) 800mg/26.6mg #60; bilateral diagnostic facet injections at

L3, L4, and L5 and recommending partial certification of ten patches of fentanyl 100mcg/h, ten patches of fentanyl 50mcg/h, Vicoprofen (hydrocodone with ibuprofen) 7.5/200mg #120, and tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Lidocaine Patch #30: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains the medications 4% lidocaine, an anesthetic, and 4% menthol, a pain reliever. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the buttocks and hip, neck and upper back pain and muscle spasms with associated headaches, pain in both shoulders, right elbow pain, abnormal sensations down both arms, and problems with sleep due to pain. There was no discussion reporting extenuating circumstances to support the use of Terocin patches in this setting. In the absence of such evidence, the current request for thirty Terocin with 4% lidocaine patches is not medically necessary.

2 tubes of Monarch pain cream: Upheld

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

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical gabapentin is not recommended because there is no literature to support its use. The requested service was not described in sufficient detail. The submitted documentation indicated

one tube of topical medication by Monarch requested contained ketoprofen and the other contained gabapentin, ketoprofen, and lidocaine; details were not provided. The request in this case was too generic and might conceivably refer to any number of guideline citations, depending on the specific medication(s) and dosage(s) contained in the requested cream. For these reasons, the current request for two tubes of Monarch pain cream is not medically necessary.

Duexis 800mg/26.6mg #60: 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)

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

Decision rationale: Duexis (ibuprofen and famotidine) is a combination medication in the non-steroidal anti-inflammatory drug (NSAID) and H2-blocker classes. The FDA approves the use of this medication to treat heartburn symptoms. The MTUS Guidelines support the use of a proton pump inhibitor, which the worker was also prescribed, when there is an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves the use of both of these classes of medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The literature does not support the use of both of these medications at the same time, as there is no added benefit but increased negative effects and complications can occur. Further, the worker was also taking ibuprofen that was contained in another combination medication. There was no discussion supporting this use of this combination medication in this setting. In the absence of such evidence, the current request for Duexis (ibuprofen with famotidine) 800mg/26.6mg #60 is not medically necessary.

Fentanyl Patch 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, and 124.

Decision rationale: Fentanyl is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable

results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker's pain had increased. However, there was no detailed discussion of the other recommended elements of a thorough pain assessment, and there was no individualized risk assessment recorded. Further, a urinary drug screen report dated 07/18/2014 was negative for the several opioid medications the worker was reported to be actively taking. A faster taper is warranted given the seriousness of the risks of continued use of the medication with no documented significant benefit. For these reasons, the current request for fifteen patches of fentanyl 100mcg/h is not medically necessary.

Fentanyl Patch 50mch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95 and 124.

Decision rationale: Fentanyl is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker's pain had increased. However, there was no detailed discussion of the other recommended elements of a thorough pain assessment, and there was no individualized risk assessment recorded. Further, a urinary drug screen report dated 07/18/2014 was negative for the several opioid medications the worker was reported to be actively taking. A faster taper is warranted given the seriousness of the risks of continued use of the medication with no documented significant benefit. For these reasons, the current request for fifteen patches of fentanyl 50mcg/h is not medically necessary.

Vicoprofen 7.5/200mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, NSAIDs Page(s): 74-95, 124, and 67-73.

Decision rationale: Vicoprofen (hydrocodone with ibuprofen) is a combination medication in the opioid and the non-steroidal anti-inflammatory drug (NSAID) classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and active monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the frequency medications are used, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker's pain had recently increased. However, there was no detailed discussion of the other recommended elements of a thorough pain assessment, and there was no individualized risk assessment recorded for either class of medication. Further, a urinary drug screen report dated 07/18/2014 was negative for the several opioid medications the worker was reported to be actively taking. The literature does not support the use of multiple opioids at the same time, and the member was already taking ibuprofen contained in another combination medication. For these reasons, the current request for Vicoprofen (hydrocodone with ibuprofen) 7.5mg/200mg #240 is not medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,84, and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, and 124.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed documentation indicated the worker's pain had increased. However, there was no detailed discussion of the other recommended elements of a thorough pain assessment, and there was no individualized risk assessment recorded. Further, a

urinary drug screen report dated 07/18/2014 was negative for the several opioid medications the worker was reported to be actively taking. A faster taper is warranted given the seriousness of the risks of continued use of the medication with no documented significant benefit, the current use on an as-needed basis, and a short-acting and lower potency medication. For these reasons, the current request for tramadol 50mg #120 is not medically necessary.

Bilateral diagnostic facet injections at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested service was not described in sufficient detail. The request in this case was too generic and might conceivably refer to any number of guideline citations, depending on the specific medication(s) and dosage(s). The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy must be documented by examination and by imaging studies and/or electrodiagnostic testing. Some additional required documentation includes failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation did not discuss prior treatment in any detail, recent imaging, or electrodiagnostic testing results. For these reasons, the current request for bilateral diagnostic facet injections at L3, L4, and L5 is not medically necessary.