MAXIMUS Federal Services

Case Number:	CM14-0185196		
Date Assigned:	11/13/2014	Date of Injury:	01/30/2004
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 is a 60 year-old female who has reported mental illness and multifocal pain after an injury on 1/30/04. Diagnoses have included depression, chronic joint pain, hypothyroidism, hypertension, and osteoarthritis. Treatments have included transcranial magnetic stimulation, knee surgery, physical therapy, medications, long term "temporarily totally disabled" work status, and psychotherapy. Medications have included Colace, Terocin, Lido Pro, Protonix, Seroquel, Norco, Effexor, Trazodone, and Naproxen. She has continued to see various physicians on a regular basis, including orthopedic surgeons and a psychiatrist. The current prescribing orthopedic surgeon has prescribed/dispensed Naproxen, Protonix, Tramadol, Terocin, and Effexor since at least May, 2014. Protonix was stated to be for stomach upset, with no further details given. He has stated that the injured worker could do sedentary work only. The orthopedic surgeon who has prescribed the medications now under Independent Medical Review has referred to multiple joint pains and an accepted ankle and knee condition. This physician states that the injured worker has not worked since 2004. He states that Norco is prescribed by "her private doctor". Reports during 2014 refer to substantial functional limitations and use of a cane. A total knee replacement has been planned. As of 7/28/14, the injured worker was observed to be lying down due to pain, and it was stated that she required "home health" to assist with activities of daily living. Blood pressure was 123/101 at that visit. Naproxen, Protonix, Tramadol, Terocin, LidoPro, and Effexor were prescribed/dispensed. The report of 8/26/14 was essentially the same, including a blood pressure of 168/94. On 7/30/14 another orthopedic surgeon recommended "home health care" for activities of daily living, 5 days a week. As of 9/26/14, pain was worse. There was no discussion of any specific results of using any medication. Naproxen, Tramadol, Protonix, and Effexor were dispensed. On 10/29/14

Utilization Review non-certified the medications now under Independent Medical Review, noting the lack of benefit or indications. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 times 5 (MD Report Date 07/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. None of the kinds of functional improvement discussed in the MTUS are evident. On the contrary, reports reflect very poor function, no return to work, and requests for assistance with even light household activities. The treating physician reports do not address the specific results of using NSAIDs. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Blood pressure has been quite elevated and this has not been addressed in relation to the ongoing use of NSAIDs. The treating physician has referred to blood tests performed by another physician but has not provided adequate information regarding results or dates of testing. Additional use of naproxen is not medically necessary based on the lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Protonix 20mg #60 times 5 (MD Report Date 07/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. As noted above, there is no clear indication to continue with an NSAID, assuming that an NSAID is in some way related to the prescribing of Protonix to this injured worker. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump

inhibitors. Protonix is not medically necessary based on lack of medical necessity and risk of toxicity.

Tramadol ER 100mg #30 times 5 (MD Report Date 07/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Medication trials; Tramadol (Ultram.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The MTUS recommends against prescribing of opioids by more than one physician. There are at least two physicians prescribing opioids in this case. The MTUS notes that patients taking tramadol with SNRI and SSRI antidepressants are at risk for life-threatening serotonin syndrome. There is no mention of this in the treating physician reports and prescribing of tramadol and Effexor has continued even when there is no evidence of benefit. Reports reflect very poor function, no return to work, and requests for assistance with even light household activities. Tramadol is not medically necessary based on lack of benefit from opioids to date, possible toxicity, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Terocin Patches #20 times 5 (MD Report Date 07/28/14): Upheld

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

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

Decision rationale: Per the manufacturer, Terocin is Methyl Salicylate, Menthol, Capsaicin, Lidocaine, Aloe, Borage Oil, Boswelia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication indications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Capsaicin alone may be indicated for some patients who have failed standard treatments, as discussed in the MTUS. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. The treating physician has not discussed the specific indications and results for this medication. No improvement is documented with Terocin. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and prescribing not in accordance with the MTUS.

LidoPro lotion 4 ounces times 5, (MD Report Date 07/28/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: LidoPro is capsaicin, lidocaine, menthol, and methyl salicylate, per information gleaned online. The treating physician has not described the ingredients or specific indications. Regardless of any specific medication indications for this patient, the MTUS recommends against starting multiple medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Topical lidocaine other than Lidoderm is "not recommended" per the MTUS. Capsaicin alone may be indicated for some patients who have failed standard treatments, as discussed in the MTUS. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. The treating physician has not discussed the specific indications and results for this medication. No improvement is documented with LidoPro. LidoPro duplicates the ingredients in Terocin, which is redundant and possibly toxic. LidoPro is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and prescribing not in accordance with the MTUS.

Tramadol ER 150mg #30 times 5 (MD Report Date 08/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; Medication trials; Tramadol (Ultram.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The MTUS recommends against prescribing of opioids by more than one physician. There are at least two physicians prescribing opioids in this case. The MTUS notes that patients taking tramadol with SNRI and SSRI antidepressants are at risk for life-threatening serotonin syndrome. There is no mention of this in the treating physician reports and prescribing of tramadol and Effexor has continued even when there is no evidence of benefit. Reports reflect very poor function, no return to work, and requests for assistance with even light household activities. Tramadol is not medically necessary based on lack of benefit from opioids to date, possible toxicity, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Protonix 20mg #60 times 5 (MD Report Date 08/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. As noted above, there is no clear indication to continue with an NSAID, assuming that an NSAID is in some way related to the prescribing of Protonix to this injured worker. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Protonix is not medically necessary based on lack of medical necessity and risk of toxicity.

Naproxen 550mg #60 times 5, (MD Report Date 08/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs, specific drug list & adverse effects Page(s): 60; 70.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. None of the kinds of functional improvement discussed in the MTUS are evident. On the contrary, reports reflect very poor function, no return to work, and requests for assistance with even light household activities. The treating physician reports do not address the specific results of using NSAIDs. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Blood pressure has been quite elevated and this has not been addressed in relation to the ongoing use of NSAIDs. The treating physician has referred to blood tests performed by another physician but has not provided adequate information regarding results or dates of testing. Additional use of naproxen is not medically necessary based on the lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Terocin Patches #20 times 5 (MD Report Date 08/26/14): Upheld

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

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

Decision rationale: Per the manufacturer, Terocin is Methyl Salicylate, Menthol, Capsaicin, Lidocaine, Aloe, Borage Oil, Boswelia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication indications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Capsaicin alone may be indicated for some patients who have failed standard treatments, as discussed in the MTUS. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. The treating physician has not discussed the specific indications and results for this medication. No improvement is documented with Terocin. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and prescribing not in accordance with the MTUS.

LidoPro lotions 4 ounces times 5, (MD Report Date 08/26/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60; 111-113.

Decision rationale: LidoPro is capsaicin, lidocaine, menthol, and methyl salicylate, per information gleaned online. The treating physician has not described the ingredients or specific indications. Regardless of any specific medication indications for this patient, the MTUS recommends against starting multiple medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Topical lidocaine other than Lidoderm is "not recommended" per the MTUS. Capsaicin alone may be indicated for some patients who have failed standard treatments, as discussed in the MTUS. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. The treating physician has not discussed the specific indications and results for this medication. No improvement is documented with LidoPro. LidoPro duplicates the ingredients in Terocin, which is redundant and possibly toxic. LidoPro is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and prescribing not in accordance with the MTUS.