MAXIMUS Federal Services

Case Number:	CM14-0200041		
Date Assigned:	12/10/2014	Date of Injury:	01/23/1997
Decision Date:	01/29/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 worker is a 58-year-old gentleman with a date of injury of 01/23/1997. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/11/2014 and 10/10/2014 indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. Documented examinations described a body mass index calculated as 42.1 kg/m2, a slightly painful walking pattern, tenderness at the back of the head base, decreased motion in the upper back joints, tenderness throughout the back and buttocks, decreased reflexes at the knees and ankles, and positive patellar grind testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from bulging lower back disk(s) and discopathy at L4 and L5, cervical discopathy, early degeneration at C5, and obesity. Treatment recommendations included oral and topical pain medications, urinary drug screen testing, decreasing opioid medication, continued use of the gym and pool, dental care, physical therapy, an extra-firm mattress, the [redacted] weight loss program, and follow up orthopedic and internal medicine care. A Utilization Review decision was rendered on 01/01/2014 recommending non-certification for 180g of a topical compound (gabapentin 10%, cyclobenzaprine 4%, ketoprofen 10%, capsaicin 0.0375%, menthol 5%, and camphor 2%), an extra-firm mattress, the [redacted] weight loss program, and orthopedic re-evaluation and modified certification for 90 tablets of Norco (hydrocodone with acetaminophen) 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. 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. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. 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, 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, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. Documented pain assessments were minimal and detailed very few of the elements recommended by the guidelines. An individualized risk assessment was not provided. Specific improvement with the use of this medication was not detailed. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary.

Topical compound Gabapentin 10%/ Cyclobenzaprine 4%/ Ketoprofen 10%/ Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% cream 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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 medication is a compound containing medications in the anti-seizure (gabapentin), non-steroidal anti-inflammatory (NSAID; ketoprofen), muscle relaxant (cyclobenzapine), and general pain reliever (menthol, camphor, and capsaicin) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. Topical capsaicin is recommended by the guidelines at a 0.025% concentration for pain due to osteoarthritis. Topical menthol is not recommended by the MTUS 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. The guidelines are silent as to the use of topical muscle relaxants and topical camphor, and the literature does not support their use. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. There was no discussion of extenuating circumstances that sufficiently support the use of this compound medication in this setting. In the absence of such evidence, the current request is not medically necessary.

One extra firm mattress: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Chou R, et al. Subacute and chronic low back pain: Pharmacologic and noninterventional treatment. Topic 7770, version 26.0. UpToDate, accessed on 01/07/2014

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. There are many conservative treatments that can improve back pain intensity and a worker's overall function. There is some literature to support the use of "medium-firm" mattresses over "firm" mattresses and conforming-type mattresses over "firm" mattresses to minimize pain and pain-related sleep loss. These terms are subjective, however, and may vary in meaning. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. There was no discussion sufficiently supporting the need for an extra-firm mattress. In the absence of such evidence, the current request for an extra-firm mattress is not medically necessary.

One [redacted] weight loss program: 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 Pain Interventions and Treatments Page(s): 30-33. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. (The National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO), National Institute of Health Obesity Guideline) http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf (Accessed on 01/04/2015) and on the Jensen MD, et al. 2013 AHA/ACC/TOS Obesity

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The MTUS Guidelines recommend that some workers with chronic pain may benefit from

multidisciplinary pain programs or interdisciplinary rehabilitation programs that are proven to have successful outcomes for those with conditions that put them at risk of delayed recovery. However, the submitted documentation does not describe the components of the [redacted] weight loss program, and its name and website description do not appear to be consistent with the programs described in the MTUS Guidelines. Evidence-based Guidelines emphasize the importance of a thorough assessment of patients requiring weight loss before prescribing treatment. Some recommended elements include an in-depth review of the person's medical history, history of weight loss and gain, current diet, current exercise level, prior treatments for weight loss and their results, a detailed examination, a thorough exploration of exacerbating issues, a stratification of the current degree of excess weight, and an individualized review of appropriate goals. Treatment plans should then be based on this detailed assessment. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. There were no assessments of the worker's weight as emphasized in the evidence-based Guidelines. There was no indication that the goal of the requested program was to improve the worker's function or decrease pain medication use. There is limited evidence in the literature to support weight loss programs alone improving the degree of debility caused by chronic pain or the intensity of chronic pain long term. In the absence of such evidence, the current request for the [redacted] weight loss program is not medically necessary.

One orthopedic re-evaluation: Overturned

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 Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, both wrists, the lower back with numbness and tingling, both legs, and both knees. These pains were interfering with the worker's function. For these reasons, the current request for orthopedic re-evaluation is medically necessary.