

Case Number:	CM14-0203589		
Date Assigned:	12/16/2014	Date of Injury:	10/16/2013
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 52 year old female who sustained a work related injury on 10/16/2013. While working as a custodian she was standing on a step stool and misjudged a step, causing her to fall backwards onto her low back onto the concrete floor. Per the most recent submitted Primary Treating Physician's Progress Report dated 10/02/2014 the injured worker reported persistent low back pain radiating to the bilateral hips and left ankle. The severity of pain was rated 7 out of 10. She reported trouble sleeping. Pain is aggravated with repetitive activity. The objective physical examination revealed spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. Tenderness is noted in the left posterior superior iliac spine. Dysesthesia is noted to light touch in the left L5 dermatome. Straight leg raise is non-contributory. Strength is 5/5 in the bilateral lower extremities. Diagnoses included clinically consistent lumbar radiculopathy, sacroiliitis, sacrococcygeal pain and low back pain. The plan of care included medications and follow-up care. Work Status is modified. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/15/2014 is read by the provider as moderate degenerative changes at L5, which caused mild central canal stenosis and severe bilateral neural foraminal stenosis on the left greater than right. There is a remote sacral fracture on the right side at S1-S2. On 11/07/2014, Utilization Review non-certified a prescription for Voltaren Gel 1%, quantity 1.00, and modified prescriptions for Tramadol 50 mg, quantity 30, Cyclobenzaprine 10 mg, quantity 30 and Gabapentin 100 mg, quantity 150 based on lack of documented medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, per 10/26/14 PR-2 quantity 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review support the use of this medication as the structure of the ankles lends themselves to topical treatment. I respectfully disagree with the UR physician's assertion that the guidelines do not support treatment with topical NSAIDs. The request is medically necessary.

Tramadol 50 mg, per 10/26/14 PR-2 quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78, 79, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing

this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Cyclobenzaprine 10 mg, per 10/26/14 PR-2 quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation submitted for review indicates that the injured worker has used this medication since at least 8/2014. As it is only recommended for a short course of therapy, the request is not medically necessary.

Gabapentin 100 mg, per 10/26/14 PR-2 quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS Chronic Pain Medical Treatment Guidelines states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS Chronic Pain Medical Treatment Guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS Chronic Pain Medical Treatment Guidelines page 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review indicates that the injured worker has been using this medication since 3/2013. There was

no documentation of pain relief or improvement of function. As such, medical necessity cannot be affirmed.