MAXIMUS Federal Services

Case Number:	CM14-0205976		
Date Assigned:	01/30/2015	Date of Injury:	03/27/1997
Decision Date:	03/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female who sustained a work related injury March 27, 1997. According to a primary physician's progress report, dated October 17, 2014, the injured worker presented with ongoing pain of the cervical spine, right upper extremity radicular pain, pain both shoulders, upper and lower back and both lower extremities. Also, she continues to complain of severe burning pain plantar aspect bilateral foot right>left. The pain is increasing in frequency and is worse at night. Medications remain effective with no reported side effects. Functional gains include assisting with ADL'S, mobility and restorative sleep, contributing to her quality of life. Physical examination of the cervical spine right reveals tenderness on palpation of the paracervicals, trapezius, and the levator scapulae. Soft tissue palpation on the left reveals tenderness to palpation of the paracervicals and the trapezius. There is tenderness of the occipital protuberance, the transverse process right at C2 C3 and the transverse process at C2 and C3. Active range of motion documented as; flexion 40 degrees and extension 25 degrees with pain. Straight leg raise test sitting and supine are negative. Examination of the lumbar spine reveals tenderness of the sacral promontory, iliac crest, sciatic notch, SI joint (severe) and the greater trochantor. A positive Gaenslen's sign is present, right side worse. There is tenderness present in the left hip, SI joint and greater trochantor. There is tenderness to palpation of the paraspinal region at L4 and the iliolumbar region left and right. Diagnoses are documented as; low back pain, lumbago; cervical spondylosis without myelopathy; myalgia and myositis, unspecified; displacement of lumbar intervertebral disc without myelopathy; cervicalgia; and brachial neuritis. Treatment plan included awaiting authorization for physical therapy requests; and

request for authorization of Neurontin, Voltaren, Ultracet, and Baclofen. The injured worker participated in a urinary drug screen and signed a pain management agreement with the practice.According to utilization review performed November 13, 2014, the request for Neurontin 100mg #60 is certified. The request for Voltaren 1% gel 100g is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% is recommended for relief of osteoarthritis pain in joints such as ankle, elbow, foot, hand, knee and wrist. The use of Voltaren gel has not been evaluated for the treatment of the spine, hip or shoulder. The injured worker suffers from chronic lumbar and cervical spine pain with upper and lower extremity radiculopathy. Therefore, based on the documentation provided, the request is not medically necessary. The request for Ultracet 37.5/325mg #60 has been modified to Ultracet 37.5/325mg #30. Citing MTUS Chronic Pain Medical Treatment Guidelines recommend the use of opioid medication should be limited due to high risk of abuse and addiction, and should only be used on a continual basis when there has been evidence of improvement. The documentation reveals no objective evidence of functional improvement. The request for Ultracet had been modified on 10/21/2014 from #60 to #45 in order to initiate the weaning process. Therefore the current request has been modified as outlined above. The request for Baclofen 20mg #60 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, the use of Baclofen is recommended as a second-line short term option for acute muscle spasm associated with chronic low back pain. There is no documented evidence of muscle spasm since July 2014 with continued use of the drug, despite guideline recommendation of short term use. The prior request for Baclofen was not certified, but appears the medication was self-procured and therefore, there is no concern for withdrawal. The medication is not recommended. The request for Excedrin 250mg-250mg-65mg is non-certified. The provider has specifically prescribed Excedrin migraine; MTUS Chronic Pain Medical Treatment Guidelines do support use of acetaminophen and NSAID's for those suffering from chronic pain. However, there is no history of migraines. Therefore, it is not considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Antinflammatory Agents (NSAIDS).

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

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. The request is for VOLTAREN 1% GEL 100mg. The patient has been utilizing Voltaren gel since at least 05/22/14. MTUS guidelines page 111 primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It indicates FDA-approved agents: Voltaren Gel 1% diclofenac for relief of osteoarthritis pain in joints that lend themselves to topical treatment --ankle, elbow, foot, hand, knee, and wrist. Maximum dose should not exceed 32 g per day, 8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity. In this case, the patient does not present with

peripheral joint arthritis/tendinitis problems for which this topical product may be indicated. The patient presents with neck and low back pain only. The request IS NOT medically necessary.

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. The request is for ULTRACET 37.5/325mg #60. The patient has been utilizing Ultracet since at least 05/22/14. The utilization review letter 11/13/14 modified the request of Ultracet #60 to #30, stating guidelines recommended tapering by 20-50% per week of the original dose for patients who are not addicted. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the reports show that the treater has addressed urine toxicology. The 10/17/14 progress report states that medications remain effective with no side effects. Functional gains include assisting her ADLs, mobility and restorative sleep, contributing to her quality of life. However, the reports lack before and after pain scales, and any specific ADL's to determine any significant improvement. MTUS require use of numerical scale or validated instrument to show functional improvement. Furthermore, the utilization review letter 11/13/14 modified the request of Ultracet #60 to #30 to initiate the weaning process. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Ultracet #60 at this time IS NOT medically necessary.

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. The request is for BACLOFEN 20mg #60. The patient has been utilizing Baclofen since at least 05/22/14. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) 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." The MTUS guidelines states this is for short-term use, and for acute exacerbations of chronic

pain. The patient has been utilizing this medication more than 6 months. The records did not document an acute exacerbation. The use of Baclofen for long-term use or for chronic pain is not in accordance with MTUS guidelines. The request for Baclofen IS NOT medically necessary.

Excedrin Migraine 250mg-250mg-60mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.fda.gov/safety/medwatch/safetyinformation/ucm409256.htm,

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. The request is for EXCEDRIN MIGRAINE 250mg-65mg. The patient has been utilizing Excedrin migraine since at least 05/22/14. MTUS and ODG guidelines are silent regarding Excedrin migraine. According to http://www.fda.gov/safety/medwatch/safetyinformation/ucm409256.htm,Excedrin Migraine -- acetaminophen and caffeine-- Tablets, Caplets and Geltabs are approved By FDA Center for Drug Evaluation and Research. However, there is no documentation regarding the patient's migraine. There is no discussion on how this medication is used and with what efficacy. This request is not medically necessary.