

Case Number:	CM14-0208437		
Date Assigned:	12/22/2014	Date of Injury:	11/24/2012
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 37 year old female who was injured on 11/24/2012. She was diagnosed with disorder of lumbar region, and displacement of lumbar intervertebral disc without myelopathy. She was treated with various medications, physical therapy, chiropractic treatments, and surgery (lumbar). On 10/31/14, the worker was seen by her primary treating physician reporting persistent low back pain rated 5-6/10 on the pain scale with medications and 8-9/10 without medications. She also reported right leg pain with similar pain ratings and sensations of numbness and pins and needles in the left foot. She reported using Norco, gabapentin, and Flexeril which help, reportedly. She also reported attending pool therapy, which was beneficial. Physical examination findings included BMI 47, antalgic gait, slightly abnormal right S1 dermatome and left L5 dermatome sensation, no lumbar muscle spasm, negative sciatic nerve compression test, and no sacroiliac tenderness. She was then recommended to have a urine drug test, attend chiropractor treatments, wean down from Norco, start Ultram in its place (alternate days of Norco and Ultram use), continue Flexeril, continue gabapentin, and three transdermal combination/compounded analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthol 5%/Camphor 2% cream 120g: Overturned

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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Neither menthol, nor camphor are mentioned as recommended options for topical analgesia, nor are they listed as non-recommended either. In the case of this worker, there is no supportive guidelines to reference for topical menthol or camphor use, however, there is minimal safety risk (comparable to ice therapy). Since this worker had been trying many other therapies with minimal benefit, it seems reasonable to consider other non-narcotic alternatives. The trial of topical menthol/camphor for a period of time is reasonable. However, in order to justify continuation beyond this request, evidence of functional benefit would be required.

Retro urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Part A, Local Medical Review Policy, Urinalysis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77-78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence of any abnormal behavior or pervious drug testing to suggest routine drug urine testing was necessary or appropriate with this worker. Therefore, the "urinalysis" will be considered medically unnecessary.

Ultram 50mg 1 po q6-8h #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, the intention was to wean off of Norco and initiate Ultram to transition the process. However, adding one opioid for the purpose of replacing another does not seem like an appropriate decision, particularly if the goal was to reduce opioid use for the long-term. Failure of Norco to significantly improve function suggests that any other opioid medication will also likely have a poor response, particularly since the worker had been using Norco chronically leading up to this request for Ultram. Therefore, the Ultram will be considered medically unnecessary, in the opinion of the reviewer. Weight loss via dietary intervention should be the primary modality, considering the worker's weight.

Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.375%: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. In particular, gabapentin and all muscle relaxants are considered by the MTUS as non-recommended topical agents due to lack of supportive evidence for long-term effectiveness and safety. Also, topical ketoprofen is not recommended by the MTUS due to side effect potential. The MTUS also states that any combination product that contains at least one drug that is not recommended is not recommended. In the case of this worker, the combination analgesic preparations, gabapentin/cyclobenzaprine/ketoprofen/capsaicin and flurbiprofen/baclofen/cyclobenzaprine given to the worker, each have multiple non-recommended agents as part of its formulation and therefore, each is not medically necessary.

Flurbiprofen 20% Baclofen 2% Cyclobenzaprine 2% cream 120grams: 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): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. In particular, gabapentin and all muscle relaxants are considered by the MTUS as non-recommended topical agents due to lack of supportive evidence for long-term effectiveness and safety. Also, topical ketoprofen is not recommended by the MTUS due to side effect potential. The MTUS also states that any combination product that contains at least one drug that is not recommended is not recommended. In the case of this worker, the combination analgesic preparations, gabapentin/cyclobenzaprine/ketoprofen/capsaicin and flurbiprofen/baclofen/cyclobenzaprine given to the worker, each have multiple non-recommended agents as part of its formulation and therefore, each is not medically necessary.