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| Case Number: | CM14-0219249 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 03/15/2013 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/26/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: Texas, California
Certification(s)/Specialty: Family Practice

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 57 year old male patient, who sustained an industrial injury on 3/15/2013. The diagnoses include lumbar discogenic disease and lumbar facet arthrosis. Per the doctor's note dated 11/4/2014, he had complains of low back pain at 8/10 that was worse with activity. Physical examination revealed decreased range of motion with increased pain, positive straight leg raise on the right leg and tenderness on the lumbar spine. The medications list includes tramadol, anaprox, prilosec, He has had lumbar spine X-rays and lumbar MRI dated 1/5/2014 which revealed multi level disc bulges and facet arthropathy. On 12/22/2014 Utilization Review non-certified Ultram 150mg #30, Anaprox 550 mg #60, Prilosec 20mg #60 and Terocin lotion 240ml x1, noting the MTUS Chronic pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ultram 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Opioids for neuropathic pain Page(s): Page 75, and Page 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines 'Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)' Cited guidelines also state that, 'A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. 'Tramadol use is recommended for treatment of episodic exacerbations of severe pain. The need for tramadol on a daily basis with lack of documented improvement in function is not fully established. The level of the pain with and without this medication is not specified in the records provided. Short term or prn use of tramadol in this patient for acute exacerbations would be considered reasonable appropriate and necessary. Patient is using tramadol since a long time without pain relief. The medical necessity of Ultram 150mg #30 is not established for this patient.

Prescription of Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs Page(s): page 22; and page 67.

Decision rationale: Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for 'Chronic pain as an option for short- term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain.' MTUS also states that 'Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. 'Per the submitted medical records, patient had low back pain with tenderness and limited range of motion with positive straight leg raising on the right side. NSAIDs are considered first line treatment for pain and inflammation. The request for prescription of Anaprox 550mg #60 is medically appropriate and necessary for this patient for managing his chronic pain.

Prescription of Priloecc 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, 'Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- '(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).' There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of prescription of Prilosec 20mg #60 is not established for this patient.

Terocin Lotion 240ml times 1: 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): pages 111-113.

Decision rationale: Terocin lotion contains methyl salicylate, Capsaicin, Menthol and Lidocaine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 'Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.' There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 'Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended'. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin is not recommended in this patient for this diagnosis as cited below. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Terocin Lotion 240ml times 1 is not fully established for this patient.