

Case Number:	CM14-0048856		
Date Assigned:	06/25/2014	Date of Injury:	06/16/2010
Decision Date:	03/27/2015	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 63 year old male with an industrial injury dated 06/10/2010 which resulted from twisting and lifting a case of bottled water from a pallet. His diagnoses include L3-L4 and L4-L5 disc herniation with evidence of lumbar instability, status post fusion L3-L5 (09/24/2013). Recent diagnostic testing has included laboratory testing (08/06/2013 and 12/27/2013), FL fluoroscopy without radiation 60minutes (09/24/2013), and x-ray of the lumbar spine (09/24/2013) showing lateral fusion from L3-L5 with appropriate alignment. He has been treated with conservative care, chiropractic treatments, medications, injections, lumbar fusion, and physical therapy. In a progress note dated 02/10/2013, the treating physician reports the injured worker was doing well in physical therapy but experienced increased low back pain when rotating back and forth. The objective examination revealed a slightly antalgic gait, using a cane, and minimal tenderness in the lumbar region. The treating physician is requesting multiple medications which were denied by the utilization review. On 03/13/2014, Utilization Review non-certified a prescription for retrospective Dora 15mg (1 tablet at bedtime) #30 (date of service 02/10/2014), noting the lack of recommendation for long term use of this medication due to unproven long term efficacy, and absence of clinical indication for this medication. The MTUS Guidelines were cited. On 03/13/2014, Utilization Review non-certified a prescription for retrospective Mentherm ointment (apply twice daily to affected area) #120ml (date of service 02/10/2014), noting that topical analgesic medications are not recommended as they are largely experimental, and the lack of functional benefit from these medications. The MTUS Guidelines

were cited. On 03/13/2014, Utilization Review non-certified a prescription for retrospective Anaprox-DS (1 tablet twice daily) #90 (date of service 02/10/2014), noting the documented ineffectiveness of this medication for this injured worker, and the absence of liver or renal testing to support the long term use of this medication. The MTUS Guidelines were cited. On 03/14/2014, the injured worker submitted an application for IMR for review of retrospective Dora 15mg (1 tablet at bedtime) #30 (date of service 02/10/2014), retrospective Menthoderm ointment (apply twice daily to affected area) #120ml (date of service 02/10/2014), and retrospective Anaprox-DS (1 tablet twice daily) #90 (date of service 02/10/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Dora 15mg 1 tab at bedtime #30 DOS: 2/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain (Chronic), Benzodiazepines

Decision rationale: MTUS states that benzodiazepine (i.e. Doral) is Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG states Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Dora 15mg 1 tab at bedtime #30 DOS: 2/10/14 is not medical necessary.

Retrospective request Menthoderm Ointment apply b.i.d to affected area #120ml DOS: 2/10/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: Methoderm/Thera-Gesic is the brand name version of a topical analgesic containing methyl salicylate and menthol. ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, 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. MTUS states regarding topical Salicylate, Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. ODG only comments on menthol in the context of cryotherapy for acute pain, but does state Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. In this case, the treating physician does not document the failure of first line treatments nor establish the functional benefits of this medication. As such, the request for Retrospective request Methoderm Ointment apply b.i.d to affected area #120ml DOS: 2/10/2014 is not medically necessary.

Retrospective request Anaprox-DS 1 tab b.i.d #90 DOS: 2/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Medical documentation indicates no evidence of osteoarthritis. According to the previous review provider information indicates other analgesics were prescribed to the patient suggesting Anaprox is ineffective for this patient. It is unclear if the patient has a history of gastrointestinal, cardiovascular or renovascular risk factors. As such, the request for Retrospective request Anaprox-DS 1 tab b.i.d #90 DOS: 2/10/14 is not medically necessary at this time.