

Case Number:	CM14-0063859		
Date Assigned:	07/11/2014	Date of Injury:	03/11/2002
Decision Date:	05/20/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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, Hawaii
 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 55 year old male, who sustained an industrial injury on 3/11/02. The injured worker was diagnosed as having cervical radiculopathy, lumbar discopathy with displacement and lumbar radiculopathy. Treatment to date has included back surgery, oral medications including opioids, physical therapy, topical compound creams and activity restrictions. Currently, the injured worker complains of persistent low back pain with radiation to mid back. The injured worker states pain is partially alleviated with compound creams. Physical exam noted tenderness to paraspinals upon palpation along with healed incision and decreased range of motion of lumbar area. The treatment plan included continuation of oral medications and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Bit / Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone /Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient has ongoing low back pain with radicular symptoms since 3/11/02. The current request is for Hydrocodone Bit/Acetaminophen 10/325mg #120. Records indicate the patient has been taking opiates since at least March of 2013. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is documentation of potential aberrant behavior with an inconsistent urinalysis. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial.

Omeprazole (Prilosec) 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management. Decision based on Non-MTUS Citation University of Michigan Health Systems. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p [11 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and CV Risk Page(s): 69.

Decision rationale: The patient has ongoing low back pain with radicular symptoms since 3/11/02. The current request is for Omeprazole (Prilosec) 20mg #90. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. In this case, records dating back to at least 10/2013 provide no report of GI events and no indication that the patient is at high risk for GI events. As such, recommendation is for denial.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/ Capsaicin 0.0375% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Capsaicin, topical.

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

Decision rationale: The patient has ongoing low back pain with radicular symptoms since 3/11/02. The current request is for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin .0375%, 120gr. CA MTUS Guidelines Recommend topical analgesics as an option as indicated below. 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. In this case, there are no evidence based guidelines which support the use of Flurbiprofen, or Camphor for low back pain. Furthermore, there are no recommendations for a .0375% Capsaicin. As such, recommendation is for denial.