

Case Number:	CM15-0003513		
Date Assigned:	01/14/2015	Date of Injury:	11/26/2012
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 52 year-old male who has reported neck and low back pain after an injury on November 26, 2012. The diagnoses have included chronic cervical strain and lumbar spine discopathy. Treatment to date has included work modifications, polypharmacy, three epidural steroid injections, and physical therapy. The work status has remained as "temporarily totally disabled" during 2014. Reports from the treating orthopedic surgeon reflect ongoing back pain, ongoing use of naproxen and tramadol, and no discussion of the specific results and indications for any medication. A report of 7/1/14 mentions a "transdermal medication", with no further information given. Per the report of 10/7/14 (the most recent report provided), the injured worker reported ongoing pain in the lower back, without improvement. The physical exam revealed tenderness, spasm, and restricted range of motion of the lumbar spine. Naproxen and tramadol were prescribed. There was no discussion of the results of any specific treatment, including medications. Per the Utilization Review report of 12/22/14, there is a treating physician report of 12/2/14. The Utilization Review described that report in details, noting that there was ongoing low back and leg pain for which surgery was recommended. The items now under Independent Medical Review were prescribed. On 12/22/14 Utilization Review non-certified the items now under Independent Medical Review. The decisions were based on the MTUS, and RxList.com was cited for Sprix. The non-certifications were primarily based on lack of sufficient indications per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375% Menthol 5%, Camphor 2% Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications. Page(s): 111-113,60.

Decision rationale: The physician reports do not adequately discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS citation above, topical Gabapentin, Cyclobenzaprine, and Ketoprofen are not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.

5 bottles of Sprix Nasal Spray 15.75mg/spray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Chronic Pain Medical Treatment Guidelines, Ketorolac (Toradol). Page(s): 72, Postsurgical Treatment Guidelines.

Decision rationale: Per the manufacturer, Sprix is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Sprix is contraindicated in patients currently receiving ASA or NSAIDs because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS and the Official Disability Guidelines state that ketorolac (including Sprix) is NOT indicated for chronic painful conditions. Per the FDA prescribing information for Toradol, concomitant use with NSAIDs is contraindicated. This injured worker has been prescribed a topical and oral NSAID in

addition to Sprix. Sprix is not medically necessary based on the MTUS, use for chronic pain, and contraindications listed by the manufacturer.

10 tablets of Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.NSAIDs for Back Pain - Acute exacerbations of chronic pain.Back.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The patient remains "temporarily totally disabled", indicating profound disability, inability to perform even basic ADLs, and a failure of all treatment to date. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing oral NSAIDs for months or years, which is counter to the recommendations of the MTUS for treatment of back pain. The treating physician is prescribing oral, nasal, and transdermal NSAIDs. This is duplicative, potentially toxic, and excessive, as topical NSAIDs are absorbed systemically. Naproxen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

100 tablets of Tramadol/Acetaminophen 37.5mg/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management.Opioids, steps to avoid misuse/addiction.Indications, Chronic back pain..

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to

quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids, and represents an inadequate focus on functional improvement. Tramadol is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.