

Case Number:	CM15-0003962		
Date Assigned:	02/20/2015	Date of Injury:	09/11/2000
Decision Date:	04/07/2015	UR Denial Date:	12/23/2014
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:

The injured worker is a 58-year-old female who has reported mental illness and widespread pain after an injury on September 11, 2000. The diagnoses per the current primary treating physician have included low back pain, lumbar disk disease, chronic pain syndrome, depression, neck pain, and radiculopathy. Treatment has included transcutaneous electrical nerve stimulation (TENS), home exercise program, and medications. Reports from the treating physician during 2013-2015 note ongoing low back, left leg, neck, hip, wrist and hand pain, with paresthesias and stiffness. The medications now under Independent Medical Review have been prescribed chronically during that time period. Prilosec is for "medication associated GI upset." Wellbutrin helps with "mood/pain coping." Tegaderm helps to keep Lidoderm from peeling off. All of the analgesics are reported to give pain relief. Function is minimally addressed, as reports state that the injured worker tries to walk and do low back stretches. A specific work status is not described; at the visits in 2013- 2015, the physician documented that work status was unchanged, that the injured worker had permanent disability, and that she was recommended for vocational rehabilitation. Physical findings are stereotyped from report to report, and consist of non-specific tenderness and tightness. None of the reports address the specific patterns of medication use, results of use, specific functional abilities, drug testing, or any other specific details of treatment. Per the primary treating physician report of 12/12/14, the injured worker had lost all of her prescriptions. No further details were given. There was ongoing neck pain, low back pain, leg pain, and upper extremity pain with paresthesias, tenderness, and muscle "tightness". All prescriptions were reported to be helpful and were refilled. The prescriptions included all the items now under

Independent Medical Review. On December 23, 2014, Utilization Review non-certified Provigil, Wellbutrin, Prilosec, Menthol (Icy-Hot patches), Lidoderm, and Tegaderm, noting that the clinical information failed to meet the evidence based guidelines. Thermacare packs and Norco were partially certified. Metamucil and Ansaïd were certified. The MTUS, Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg QD #30, refill 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Modafinil (Provigil).

Decision rationale: The MTUS does not provide direction for the use of modafinil or equivalents. The Official Disability Guidelines recommend against using modafinil to counteract the sedation caused by opioids unless "excessive narcotic prescribing" is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that modafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has not provided a specific indication for modafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Modafinil is not medically necessary per the cited guidelines and the lack of clear indications.

Wellbutrin 150mg, BID #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain Page(s): 60; 13-16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: The updated ACOEM Guidelines cited above strongly recommend against Wellbutrin to treat chronic pain. If there were to be an indication for an antidepressant for chronic pain in this case, a tricyclic antidepressant (TCA) would be the first choice (see the MTUS citations). Per the MTUS, antidepressants like Wellbutrin may be indicated for some

kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Per the MTUS, bupropion is a second or third line option after failures of other agents, such as a TCA or serotonin-norepinephrine reuptake inhibitor (SNRI). It is not indicated for non-neuropathic back pain or other non-neuropathic pain. There is no evidence of neuropathic pain in this case. There is no evidence that bupropion was instituted after the failure of a TCA or SNRI. There is no evidence of specific pain relief and functional improvement after using bupropion. There is insufficient evidence provided for a psychiatric disorder and there are no reports which describe the specific results of using bupropion for a psychiatric disorder. Bupropion is not medically necessary based on the cited guidelines, lack of clear indications, and lack of benefit.

Hydrocodone/Acetaminophen (Norco tablets) 10/325mg QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

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. There is no evidence of significant pain relief or increased function from the opioids used to date. 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 no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The MTUS notes that a sign of misuse is reporting lost or stolen medications. The treating physician has not addressed the recent report of lost medications. The prescribing physician describes this patient as "disabled" and apparently not working, which fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Thermacare Packs BID PRN for topical Pain #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th edition (web), 2014, Low Back, Heat therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: heat therapy.

Decision rationale: Per the ACOEM low back chapter, at-home applications of heat or cold may be used for symptom control for low back complaints. Per the ODG, heat therapy is recommended as an option for treating low back pain. Both the MTUS and ODG recommend at-home local applications of cold packs in the first few days of acute complaint and thereafter applications of heat packs or cold packs. There is no recommendation for any specific product or device in order to accomplish this. There is no documentation as to why Thermacare packs are indicated versus use of a standard heating pad or reusable hot packs. The Thermacare packs have been prescribed for at least one year without documentation of functional improvement as a result of their use. Due to lack of specific indication and lack of documentation of functional improvement, the request for Thermacare packs is not medically necessary.

Prilosec Capsule 20mg, BID #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. A topical NSAID was noted to be prescribed. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, as suggested by the treating physician, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Menthol (Icy-Hot Back and Large Area Patches), #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Drug Safety Communication: Rare cases of serious burns with the use of over-the-counter topical muscle and

joint pain relievers, 9/13/2012 Up-to-date: camphor and menthol: drug information. In Up-to-date, edited by Ted. W. Post, published by Up-To-Date in Waltham, MA, 2015.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medication prescribed in this case. No specific patterns of use or specific functional improvement have been described. The MTUS does not address topical menthol. Use of any medication for chronic pain should be evidenced by functional improvement, as per the recommendations in the MTUS. The MTUS is silent with regards to menthol. It may be used for relief of dry, itchy skin. The FDA has noted the possibility of burns from the use of menthol. Given the lack of any specific improvement documented as well as the risk of toxicity, the menthol preparation is not medically necessary.

Lidocaine (Lidoderm Patches) 700mg/1, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56- 57.

Decision rationale: The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an antiepileptic drug (AED) such as gabapentin or Lyrica". The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain (which is not radiculopathy), or that she has failed the recommended oral medications. There is no evidence of specific functional improvement from this medication. Lidoderm is not medically necessary based on the MTUS.

Tagaderm Large #60 with 1 refill (to keep Lidoderm/Icy Hot Patches on): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) multiple chapters including low back chapter, Wound dressings.

Decision rationale: Tegaderm is a transparent bandage film. It is not addressed in the MTUS. The Official Disability Guidelines in multiple chapters discuss "wound dressings", which is not the context here. The treating physician alludes to the use of Tegaderm needed to affix the other skin patches. The treating physician has not discussed the reasons why the adhesive in these patches routinely and predictably fails. None of the patches have been deemed medically necessary in Utilization Review and Independent Medical Review. Therefore the Tegaderm is not medically necessary.