

Case Number:	CM15-0008409		
Date Assigned:	02/10/2015	Date of Injury:	11/11/2009
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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 47-year-old male with a date of injury of 11/11/09. Diagnoses include chronic pain syndrome, myalgia, post-traumatic stress disorder, depression, bilateral calcaneal fractures, lumbar radiculopathy, compression fracture T12, pelvic injury with urethral strain and chronic prostatitis, and ankle/foot, thoracic spine, low back, cervical, limb, and facial/headache pain. Treatments have included surgery with open reduction an internal fixation of bilateral calcaneal fractures, left subtalar fusion, pool therapy, treatment by a psychiatrist and psychologist for depression and memory loss. On 11/24/14, the injured worker reported multiregional pain, bilateral foot and ankle pain, pain in the entire back, leg, and groin, headaches and left eye pressure. He was accompanied by a caregiver at the visit. The physician noted that the injured worker uses dilaudid as needed for analgesia with improvement in his pain syndrome when he takes it, soma for myofascial pain, Lidoderm for localized analgesia, and meloxicam for inflammation. The physician documented that the injured worker has been compliant with a controlled substances agreement. Examination showed the injured worker to be sitting upright in a wheelchair, with normal examination of the heart, lungs, and abdomen. An Agreed Medical Examination (AME) on 11/25/14 noted that the injured worker spends his day under the care of a certified nurse's assistant 24 hours a day and is unable to do any activities of daily living on his own. It was noted that he uses a wheelchair and reported that he cannot stand or walk. Work status is noted as temporarily totally disabled. Pain was rated as 10 out of 10 in severity. The injured worker was seen by a urologist on 10/23/14 for painful urination with history of urethritis, pelvic injury, urinary tract infections, and renal stones, with prior laser

lithotripsy, cystoscopy, ureteroscopy and stents. It was documented that the injured worker had a history of calcium oxalate renal stones. Laboratory studies on 10/8/14 included a normal calcium level. It was noted that he takes prazosin for urinary symptoms and it has moderately helped his symptoms. The urologist documented that the injured worker had lost his appetite. The documentation submitted indicates that Lidoderm patch, dilaudid, soma, Zoloft, protonix, prazosin, calcium citrate, multivitamins, and ensure liquid were prescribed from June 2014 to November 2014. On 12/30/14, Utilization Review non-certified requests for Ensure liquid, multivitamins capsule, calcium citrate tablet, prazosin HCL capsule. Protonix 40 mg #30, soma 350 mg #30, dilaudid 4 mg #150, and Lidoderm patches 5% #60. Zoloft 50 mg #30 and meloxicam 15 mg #30 were certified. Utilization Review cited the MTUS, ODG, and drugs.com.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Neuropathic pain Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics; Lidoderm (Lidocaine patch).

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

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There was no documentation of neuropathic pain or of failure of antidepressants or anticonvulsants. The injured worker did not have a diagnosis of post-herpetic neuralgia. The site of application was not specified. There was no documentation of functional improvement as a result of lidoderm use. Due to lack of indication, the request for lidoderm patches is not medically necessary.

Dilaudid 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain; mixed physiologic etiology of both neuropathic and nociceptive components; NSAIDs, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

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, and opioid contract. 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. There is no evidence of significant pain relief or increased function from the opioids used to date. Dilaudid has been prescribed for at least 6 months. The injured worker was described as non-ambulatory and unable to stand, requiring use of a wheelchair and a 24 hour caregiver, and unable to perform any activities of daily living. Work status remained temporarily totally disabled. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient “has failed a trial of non-opioid analgesics.” Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Pain was described as 10 out of 10 in severity. No improvement in activities of daily living was documented. The physician documented that the injured worker had been compliant with a controlled substances agreement, but specific assessment for aberrant behavior was not documented. 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. As currently prescribed, dilaudid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Soma Tablet 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: non-sedating muscle relaxants, chronic LBP. (van Tulder, 2006) (page 63).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. Prescribing has occurred for at least 6 months and the quantity prescribed implies long-term use, not a short period of use for acute pain. No reports

show any specific and significant improvements in pain or function as a result of Soma. Pain level was noted to be 10 out of 10 in severity, the injured worker was non-ambulatory and required a 24 hour caregiver, and work status remained temporarily totally disabled. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to lack of recommendation by the MTUS and the lack of functional improvement as a result of its use, the request for soma is not medically necessary.

Protonix Dr 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The injured worker has been prescribed meloxicam, a non-steroidal anti-inflammatory agent, and protonix, a proton pump inhibitor. Co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. No risk factors for gastrointestinal events were documented for this injured worker. No other GI signs or symptoms were noted, and abdominal examination at a recent office visit was normal. Due to lack of indication, the request for protonix is not medically necessary.

Prazosin HCL Capsule: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/prazosin.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Prazosin: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Prazosin is an alpha-1 blocker indicated for hypertension and also used off-label for treatment of benign prostatic hypertrophy. The documentation indicates that the urologist prescribed prazosin for the injured worker for treatment of urinary symptoms related to pelvic injury with urethritis and prostatitis. The medication was noted to moderately help with symptoms. There was no documentation of benign prostatic hypertrophy. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to unstated quantity requested and lack of indication, the request for prazosin is not medically necessary.

Calcium Citrate Tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/calcium-citrate.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: calcium citrate: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015. Curhan, Gary: Prevention of recurrent calcium stones in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: No specific indication or reason was provided for the prescription of calcium citrate tablets for this injured worker. The documentation indicates that he had a history of calcium oxalate renal stones, but there was no discussion of use of calcium citrate tablets related to the renal stones. It should be noted that calcium supplements do not appear to be effective in preventing recurrent stones and may even slightly increase risk. Calcium citrate is used as a dietary supplement. There was no documentation of calcium deficiency in this injured worker. Laboratory studies performed on 10/8/14 showed a normal calcium level. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication and unspecified quantity requested, the request for calcium citrate tablet is not medically necessary.

Multivitamins Capsule: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, multivtamins. (<http://www.drugs.com/mtm/multivitamin.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: multiple vitamins: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Multivitamins are used for prevention and treatment of vitamin and mineral deficiencies and are labeled for over the counter use as a dietary supplement. No specific vitamin deficiencies were documented for this injured worker. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication and unspecified quantity requested, the request for multivitamins capsule is not medically necessary.

Ensure Liquid: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA; prophylaxis and treatment. (<http://www.drugs.com.mmx/ensure-plus.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ritchie, Christine: Geriatric nutrition: nutritional issues in older adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The injured worker was noted to have decreased appetite. There was no documentation of any gastrointestinal issues or an inability to tolerate a solid diet. There was no documentation of weight loss. Studies of nutritional supplements in older high-risk patients showed no mortality impact for patients living at home and no improvement of functional status. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of indication and unspecified quantity requested, the request for ensure liquid is not medically necessary