

Case Number:	CM15-0017944		
Date Assigned:	03/11/2015	Date of Injury:	08/17/2011
Decision Date:	05/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female injured worker suffered an industrial injury on 8/17/2011. The diagnoses were right knee internal derangement, lateral cutaneous femoral nerve of thigh compression syndrome, right sciatica pain related insomnia. The treatments were right knee arthroscopy and medications. The treating provider reported on 10/27/2014 the injured worker was in severe distress 10/10 pain in the back going to the buttocks and legs along with headaches. The injured worker stated she is going through complete withdrawal symptoms because of denial of pain medications. The injured worker was given medications to ease the medication withdrawal in the office. She also received a Toradol injection for pain relief at the office on 10/21/2014. The requested treatments were: 1. Temazepam/Lorazepam 3mg, #60 2. Colace 100mg, #180 3. Nexium 40mg, #120 4. Retrospective Request for an Intramuscular Injection of Vitamin B12 (DOS: 10/8/2014) 5. Retrospective Request for an Intravenous Injection of Toradol 60mg (DOS: 10/8/2014) 6. Percura #120 7. GabaFlur Compounded Ointment (2-month supply) 8. Amoxicillin 250mg, #30 9. Compazine 10mg, #30 10. Fioricet 50/325/40mg, #30

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam/Lorazepam 3mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Pain Chapter, Temazepam.

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

Decision rationale: The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence, most guidelines limit use to 4 weeks. tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines, there are two medications listed here without appropriate dosages and a therapeutic regimen and without this information, medical necessity cannot be established.

Colace 100mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Pain Chapter, Opioid-Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation eproclate / docusate sodium.

Decision rationale: Per the MTUS, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Colace (docusate sodium) is a stool softener laxative. However a review of the injured workers medical records reveal that she has been taken off opioid therapy and the prophylactic treatment of constipation is no longer medically necessary.

Nexium 40mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Pain Chapter, Nexium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or

(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec(omeprazole), Prevacid(lansoprazole) and Nexium(esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). A review of the injured workers medical records does not reveal a failed trial of omeprazole or lansoprazole and other more economical over the counter PPI's including Nexium before prescription Nexium therapy and therefore the request for Nexium 40mg, #120 is not medically necessary.

Retrospective Request for an Intramuscular Injection of Vitamin B12 (DOS: 10/8/2014):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / B vitamins and Vitamin B complex.

Decision rationale: The MTUS/ ACOEM did not specifically address the use of Vitamin B 12 in the injured worker and therefore other guidelines were consulted. Per the ODG B vitamins are not recommended for the treatment of chronic pain unless this is associated with documented vitamin deficiency. vitamin B12 (various cobalamins) deficiency is associated with - pernicious anemia, myelopathy, neuropathy, dementia, subacute combined degeneration of the spine, and decreased cognition. Treatment of vitamin B12 deficiency is generally parenteral. It is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy (diabetic and alcoholic). Evidence was insufficient to determine whether specific B vitamins or B complex for these conditions was beneficial or harmful. A review of the injured workers medical records revealed that B 12 was being given for 'nerve health' and did not show a vitamin B 12 deficiency that would warrant parenteral treatment, without this information medical necessity cannot be established.

Retrospective Request for an Intravenous Injection of Toradol 60mg (DOS: 10/8/2014):
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Ketorolac (Toradol).

Decision rationale: Per the MTUS, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. Per the ODG, "the injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. (DeAndrade, 1994)" Based on the injured workers clinical presentation on the day of service the retrospective Request for an Intravenous Injection of Toradol 60mg (DOS: 10/8/2014) is medically necessary.

Percura #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Pain (Chronic) Chapter, Percura.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Percura.

Decision rationale: The MTUS did not specifically address the use of Percura therefore other guidelines were consulted. Per the ODG, Percura is "not recommended. Percura is a medical food from Physician Therapeutics, that is a proprietary blend of gamma-aminobutyric acid, choline bitartrate, L-arginine, L-serine, and other ingredients. It is intended for dietary management of metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." Until there are high quality studies of the ingredients in Percura, it is not recommended. " A review of the injured workers medical records did not reveal extenuating circumstances that would warrant deviating form the guidelines and therefore the request for Percura #120 is not medically necessary.

GabaFlur Compounded Ointment (2-month supply): Upheld

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

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 as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no peer-reviewed literature to support the use of Gabapentin. A review of the injured workers medical records do not show a failed trial of antidepressants and anticonvulsants and the compounded product contains at least one drug (gabapentin) that is not recommended. Based on this guideline the request for GabaFlur Compounded Ointment is not medically necessary.

Amoxicillin 250mg, #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 - Treatment in Workers' Compensation, Online Edition, Infectious Diseases Chapter, Amoxicillin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious diseases / Amoxicillin.

Decision rationale: The MTUS/ ACOEM did not specifically address the use of amoxicillin in the injured worker and therefore other guidelines were consulted. Per the ODG, amoxicillin is recommended as first-line treatment for cellulitis and other skin and soft tissue infections. A review of the injured workers medical records reveal that amoxicillin is being prescribed to "prevent post op infection" however a specific procedure with date was not described and without this information medical necessity cannot be established.

Compazine 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com - Compazine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference/ Prochlorperazine.

Decision rationale: The MTUS / ACOEM and ODG did not specifically address the use of Compazine (prochlorperazine) therefore other guidelines were consulted. Compazine is indicated in the treatment of severe nausea and vomiting. A review of the injured workers medical records reveal that Compazine was being prescribed for "nausea related to anesthesia" however a

specific procedure and date was not described and without this information medical necessity cannot be established.

Fioricet 50/325/40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, Online Edition, Pain Chapter, Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines barbiturate-containing analgesic agents (BCA's) Page(s): 23.

Decision rationale: Per the MTUS, barbiturate-containing analgesic agents like fioricet are not recommended for chronic pain. There is a high potential for dependence and there is no evidence to show enhanced analgesic efficacy due to the barbiturate component. There is a risk of medication overuse as well as rebound headache. A review of the injured workers medical records reveal that the medication is being prescribed to be used for headaches following the procedure PRN, however no procedure has been reported and this medication is not recommended for use in chronic pain patients, therefore the request for Fioricet 50/325/40mg, #30 is not medically necessary.